4001

Mental health aspects of the Covid-19 epidemic in Europe

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This presentation aims to examine the impact of the epidemic on the mental health of the citizens in terms of communication aspects in crisis management, the response provoked and the possible long-term psychological consequences. Given the vast field of research, the authors formulate three hypotheses to confirm or reject, namely whether the epidemic has increased levels of anxiety among the population, whether there are increased levels of aggression and auto-aggression and how the information (communication) environment has affected these processes. The forms of are briefly considered, and several prerequisites for the reaction that caused the pandemic are outlined. An attempt has been made to measure elevated levels of general anxiety, which includes both normal psychological reactions to anxiety and pathological forms hidden for the time being. For this purpose, several indicators were used - sales of psychotropic drugs for a certain period, suicide attempts, acute intoxication with surfactants, visits to a psychiatrist and neurologist, suicide, aggression and domestic violence. In the created proxy model, the increased general anxiety was compared with an analysis of the information and media environment on the topic of COVID-19, as correlations were sought and an interpretation of the collected data was made. Good practice models for mental health support during the pandemic, developed by WHO and implemented in some of the member states countries in Europe will be presented and discussed as well.

4002

Racism and mental health of immigrants, refugees and ethnic minorities

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The concept of “race” and consequently of racism is not a recent phenomenon, although it had profound effects on the lives of populations over the last several hundred years. The creation of “the other” on the basis of physical characteristics and dehumanizing them became more prominent. It is more accurate to replace the term *race*, with *racialized*, to highlight its socially and culturally constructed nature, and how this construction undergirds systematic patterns of racist discrimination, oppression, and social exclusion that result in marked inequities in health, including mental health. Racism affects many areas of life, including financial and career status, physical and mental health, the quality of personal and working relationships, living environments and communities. The health disparities experienced by racialized groups include shorter life expectancy and higher rates of obesity, high blood pressure. Racism is a major social stressor that affects many mental health outcomes, including life satisfaction and self-esteem, access to treatment, and the course of illness . Racism is significantly correlated with poor health status, the association between racism and poor mental health was twice as large as that for poor physical health, with an especially strong relationship to post-traumatic stress disorder. Exposure to racism increases the risk of developing psychotic symptoms. Racism exists in various forms at the micro, meso, and macro social levels of individuals, institutions, and societies that serve to justify the inequitable distribution of power and resources to racialized groups. This lecture will give an overview on current research on racism and mental health of immigrants, refugees and ethnic minorities und discuss it with the plenum.

4004

Facilitating Posttraumatic Growth in Students with SMI

Ariel Ezra[1,2,3], Yael Mazor[4]
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Posttraumatic growth (PTG) is an outcome of coping with adversity (Tedeschi & Calhoun, 1995). PTG manifests through one’s cognitive processes, emotions, and behaviors after trauma in five facets: Appreciation for life, close relationships with others, personal strength, new possibilities, and spirituality (Tedeschi et al., 2018). Individuals with serious mental illnesses (SMI) often experience PTG following the struggle with their traumatic background, psychosis, symptoms, and the process of receiving their diagnosis as well as treatment (Mazor et al., 2016; Slade et al., 2019). In this manner, PTG constitutes an important part of the recovery process, by entailing reconstruction of identity aligned with mental health and wellbeing (Slade, 2010).

Academic studies pose diverse educational and social requirements. For individuals with SMI, completing an academic degree poses significant challenges such as cognitive and social impairments, functional and affective lability, and self or social stigma (Cameron, 2008). Without suitable support, the dropout rates of this population are very high - 86%, compared to 45% in the general population (Salzer, 2012). For this reason, the Israeli Ministry of Health provides students with SMI with an educational community-based support service, which operates in all academic institutions throughout Israel. The service coordinators provide direct assistance in various domains such as academic and social support and an array of a personal mentoring program.

Studies show that higher education entails an opportunity for growth (Arnett, 2016). In accordance with the PTG model, the rehabilitation plans that are co-produced for each student with SMI, emphasizes different dimensions of growth. Using key elements and tools from the field of positive psychology, we encourage our clients to find inner strengths and abilities and embrace a positive change in identity. For example, our methods include cognitive processing via reflective co-writing and observation of the recovery process at the end of every mentoring session and busting personal and social resilience through individual and group work.

In the proposed oral presentation, we will present an overview of a study that taps on the prevalence of PTG in individuals with SMI (Mazor et al., 2019), and the ways to facilitate and encourage PTG in services, using two case studies of students with SMI who receive the academic support service.

4005

Barriers to Mental Health Service Use among Arab Minority in Israel

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Barriers to Mental Health Service Utilization among the Arab Minority in Israel
Background: Many studies show that members of minority groups underutilize mental health services and report more barriers to such utilization. However, very little is known about these barriers and their relation to mental health service use among the Arab minority in Israel. Our study examined barriers to mental health service use among the Arab minority in Israel based on the stigma-related, attitudinal, and instrumental barriers dimensions of the Barriers to Care Evaluation scale (BACE v3) and its correlates to mental health service use.
Methods: A convenience sample of 231 Arab participants completed measures of BACE v3, mental health service use and sociodemographic characteristics.
Data analysis: Descriptive statistics were used to describe the participants' characteristics and main variables. To assess differences between participants who reported mental health services use and those who did not, t and x2 tests were performed according to the type of variable. A binary logistic regression analysis was conducted to examine the determinants of mental health service use
Results: Participants who reported mental health service use had statistically significant lower levels of barriers in all dimensions compared to those who did not. Regarding stigma-related barriers, there was a difference between the two groups in all items, except for "Concern about what my family might think, say, do or feel".
Regarding attitudinal-barriers, significant differences were found between the two groups in all items, except "Having had previous bad experiences with professional care for mental health". Finally, regarding instrumental-barriers, significant differences were found between the two groups in all eight items except "Professionals from my own ethnic or cultural group not being available".
The results of binary logistic regression models predicting mental health service showed that sociodemographic characteristics explained 13% of the variance in mental health service use. The addition of the three barriers dimensions, indicated that 24% of the variation in mental health service use was explained by the estimated model. However, only the attitudinal barriers were significant correlates of mental health service use. Being a woman, having higher education and lower attitudinal-barriers were the most important determinants of mental health service use.
Conclusions: This study underscores the role of attitudinal barriers to the utilization of mental health services. The findings indicate that interventions addressing such barriers may be helpful in increasing mental health service use among the Arab minority in Israel and other minorities elsewhere.

4006

Finding Refuge, One Moment at a Time: Mindfulness-Based Trauma Recovery for Refugees (MBTR-R)

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More than 82 million people – forcibly displaced by conflict, persecution and natural disaster – seek sanctuary while struggling with trauma, loss, and stress. In this lecture, I will share the story of my group's efforts to ally with, study and help care for the E. African asylum-seeker community in Israel. I will share findings from our work with asylum-seekers over the past decade. I will focus on the development and study of Mindfulness-Based Trauma Recovery for Refugees (MBTR-R) – a mindfulness- and compassion-based intervention that is trauma-sensitive and socio-culturally-adapted tailored to diverse forcibly displaced people and post-migration contexts. I will reflect on the transformative potential of mindfulness and compassion training to help refugees cultivate moments of inner refuge and safety, and thereby, a initiate a process of recovery and healing. Finally, I will talk about our vision for this work through the Moments of Refuge Project. I look forward to exploring together how our community can work to promote social justice and human rights for forcibly displaced people around the world.

4007

Working immigrants' subjective wellbeing, expectations, and identity

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What are some of the strengths that characterize immigrants and how can we leverage them when prioritizing their mental health? Cobb et al. (2019) propose a positive psychology perspective in immigration studies, as an antidote to a substantial body of research that concentrates on negative aspects of the migration experience, such as acculturative stress. The positive psychology approach has been defined as "the study of the conditions and processes that contribute to the flourishing or optimal functioning of people, groups, and institutions" (Gable & Haidt, 2005, p. 104). Considering life satisfaction appears in line with an asset-based approach of positive psychology that identifies culturally-based strengths rather than deficits in assessment (Gonzalez & Padilla, 2016).

Hope is another crucial construct in positive psychology, especially when considering multiethnoracials (Chang et al., 2019). According to Snyder's (1994) hope theory, all individuals are guided by the motivation to achieve goals and thus engage in conscious efforts to obtain them. If one's expectations are met as a result of migration, his or her hopes are fulfilled, and this should generate life satisfaction. Expectations are thus a form of hope, formed before making the decision to leave one's home country. While it is possible that expectations prior to migration differ from recalled expectations after migration, what matters for life satisfaction in the new country is the personal assessment of how closely one's life reflects what the person had hoped for.

This talk applies hope theory as a framework to contemplate pre-migration expectations in the process of acculturation. It compares the results of several studies with working immigrants in three countries: Polish immigrants to Italy, English-speaking immigrants to Israel, and Latinx immigrants to the United States. The emphasis on pre-migration expectations and their impact on life satisfaction with different populations is operationalized in the Realized Expectations of Acclimating to Life after Immigration (REALI) scale, a measure of the degree of fulfillment of recalled expectations prior to migration (Zlotnick et al., 2020).

Furthermore, recent quantitative and qualitative studies with English-speaking immigrants to Israel sheds light on their resilience, in the light of the COVID-19 pandemic's psychological toll on the migrant population (Zlotnick et al., 2021). Polizzi et al. (2020) encourage the application of the "3 Cs" model (Reich, 2006) to account for resilience in this situation: control, coherence, and connectedness. Implications for practitioners point out to a strengths-based approach rather than pathologizing symptoms in mental health care offered to immigrants, as has already been proposed by Siriwardhana et al. (2014). A holistic support should include mental healthcare providers who help ease the transition burden by directing immigrants to resources to acquire language skills and employment, as well as legal, social, logistical, and financial assistance (Atari-Khan, 2021), in order to enhance resilience. Based on the emphasis on connectedness indicated by participants in the research studies discussed, pracitioners can encourage immigrants to build resilience by igniting or reinvigorating bonds with family and friends. In some cases, it may be beneficial to use family therapy to help families navigate changing roles in a new environment, while taking time to build trust and explain confidentiality to create a safe environment for sharing personal information. Furthermore, effective interventions may be related to spirituality grounded in personal faith.

Clinicians can integrate faith into their practices by encouraging immigrant clients to use religious coping skills such as prayer, meditation, and inspirational readings in order to increase mindfulness. As noted by Maung et al. (2021), a strengths-based perspective is consistent with social justice approach, as it acknowledges that immigrants possess inherent strength, resilience, and capacity for growth and meaning-making. Counselors who work with immigrants could assist their clients in valorizing transnationality, seeing it as a resource rather than hindrance to personal growth and acculturation.

4008

Ethnic Identity as an Explanatory Factor of Emotional Distress Symptoms

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Using the Ethnic Identity Scale (EIS) typology (Umaña-Taylor et al., 2004), The present study aimed to validate the structure of the ethnic identity questionnaire in Arabic (EIS-Ar) and to trace the relationship between the ethnic identity of minorities and the intensity of emotional distress they experience. The study sample (N = 570) included participants from two ethnic minority groups in Israel, Muslims-Arabs (N=214) and Muslim Bedouin-Arabs (N=356). The study results indicate the validity of the Arabic version of the questionnaire (EIS-Ar), which was found to be in correspondent to the original EIS structure in English. A negative correlation between ethnic identity and emotional distress was found. That correlation was maintained regardless of affiliation to one of the two ethnic minority groups. The study model manages to predict up to one-fifth of the emotional distress variance and manages to predict and explain the intensity of emotional distress among study participants regardless of their ethnic affiliation. The EIS factor of Affirmation was the most dominant factor among others (Exploration and Resolution) and had an intense influence on one's levels of emotional distress. In conclusion, we found that the stronger one's ethnic identity is, the lower emotional distress levels are.

4009

Cognitive reserve and epilepsy

Epilepsy is one of the most common brain disorders, may occur at all ages and have many possible explanations and causes Factors such as early reaction to underlying etiology, medication, and number of seizures prior to initiation of treatment have frequently been found to be predictive of seizure cognitive outcomes in epilepsy patients. In addition, Wide range of cognitive difficulties are reported frequently in epilepsy, Studies suggest that the relationship between neurological insult and cognitive outcome can be moderated by cognitive reserve (CR) and brain reserve (BR) which claim that intellectual enrichment and intelligence, and larger brain size protect against neuropathology. There is scant data on CR, BR, epilepsy, and cognitive outcome so the purpose of the current study is to investigate the interaction between severity of the disease, BR, CR, and cognitive status in epilepsy patients. This study is a retrospective study involves a consecutive series of 40 patients with TLE epilepsy that were admitted to the epilepsy clinic at Rambam Medical Center. Cognitive reserve as an independent variable will be estimate with years of education, employment status, family status, socioeconomic status and cognitive outcome will be estimate by neurocognitive tests such as Wisconsin Card Sorting Test and Figural Learning Test DCS. In order to test these hypotheses, we are going to use Linear Regression analyses and Structural Equation Model.

4010

Personalising mental health interventions by re-balancing the knowledge equation

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How can mental health interventions be personalised? Parallels will be drawn with the increasing importance given to the perspective of the expert-by-experience in clinical interactions, addressed by approaches such as shared decision-making and rights-oriented mental health systems which aim to give individuals more say in decisions affecting their lives.

A distinction will be drawn between traditional scientific research, which produces nomothetic knowledge such as from randomised controlled trials and systematic reviews, and idiographic knowledge held by the individual about their values and treatment preferences. It will be proposed that there is a need to re-balance the knowledge equation in research, with more emphasis given to idiographic knowledge about individual differences. The changes in 2021 to the Medical Research Council (MRC) framework for evaluation of complex interventions reflect this change in emphasis.

Two state-of-the-art studies will then be used to show how interventions can be personalised. Re-balancing the knowledge equation in relation to knowledge production will be illustrated with the C-STACS Study (researchintorecovery.com/c-stacs), which is the first systematic application of citizen science methodology to mental health. C-STACS is integrating methodological frameworks from Patient and Public Involvement in mental health, User-Centred Design and Experience approaches in digital research, and citizen science approaches in the natural sciences. This will demonstrate how new types of knowledge can be co-produced through mass participation.

Re-balancing the knowledge equation in relation to knowledge consumption will be illustrated with the NEON Study (researchintorecovery.com/neon), which is using innovative machine learning approaches to choose specific recorded recovery narratives to present to participants. The NEON Collection is a managed collection of over 600 mental health recovery narratives, and the impact of narratives on people living with mental health issues and their carers has been evaluated in the NEON trials. The choice of narrative to present to trial participants is normally made by a recommender system, which seeks to choose narratives which will have maximum beneficial impact.

The implications of re-balancing the knowledge equation for person centered care will be discussed, and broader implications for research methodologies will be discussed.

4011

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Mike Slade[1]
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4012

DO CULTURAL DIFFERENCES MODERATE THE ASSOCIATION BETWEEN SOCIAL MEDIA USE AND MENTAL HEALTH?

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The influence of social media on the mental health of adolescents has been controversial and the findings in the literature were inconclusive. Although prior studies have identified several factors that may cause or trigger the proposed relationship, little is known about the culture-related factors as an underlying mechanism that could explain the complexity in this association. This study addressed this gap by examining the associations between the domains of social media (i.e., time spent, the length of membership, and the number of followers) and mental health in adolescents via the moderating effect of horizontal-vertical individualism and collectivism. 299 secondary school students (Mage = 15.21 years; 61% girls) from Turkey, Ireland, and England completed self-report measures of culture, anxiety, and depression. A series of regression analyses revealed that spending more than four hours a day was positively associated with anxiety and depression whereas the length of social media membership and the number of followers were not statistically associated with anxiety and depression. Horizontal-vertical individualism and collectivism did not moderate these associations. However, horizontal and vertical individualism were each directly and positively associated with depression while only horizontal individualism was related to anxiety.

4013

Capturing Social-Cognition in the Moment: Mentalizing, Emotion-Regulation and Borderline Personality

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Mentalizing (Fonagy et al., 1991) is the psychological processes underlying the capacity to consider mental states that underlie behaviors, which has been described in both psychoanalytic and cognitive psychology literatures. Borderline personality disorder (BPD) is a severe disorder characterized by volatility in emotions, behavior, identity, and interpersonal relationships. Impairments in mentalizing are considered to be a key aspect in the development and maintenance of BPD. However, studies often neglect fluctuations in mentalizing over time and its emotion-regulatory role remains understudied. We utilized two intensive case-studies to examine within-person fluctuations in mentalizing and their association with subsequent emotion-regulation, in the daily lives of two individuals with high or low levels of BPD symptoms (H-BPD and L-BPD). We expected larger impairments and fluctuations in mentalizing in H-BPD compared to L-BPD. Additionally, we expected better mentalizing to predict better subsequent emotional-regulation and that this effect will be stronger in H-BPD. Participants completed a 1-week ecological momentary assessment (EMA), consisting of self-reported emotion-regulation and audio-recorded descriptions of their current mental states, six times a day. These descriptions were coded using an observer-rated measure of mentalizing. As predicted, larger impairments and fluctuations in mentalizing were observed for the H-BPD, compared to L-BPD. Additionally, significant associations between momentary mentalizing and emotion-regulation were observed only for H-BPD participant. In contrast to hypotheses, a slower return to emotional baseline predicted worse subsequent mentalizing, suggesting a unique emotion-regulation ⇒ mentalizing relation for the H-BPD participant. These findings promote a better understanding of mentalizing, its dynamic nature, and its relation to emotion-regulation in relation to BPD symptoms. Ultimately, the study could potentially offer clinical implications. These advanced methodologies could be further integrated as part of clinical assessments of individuals before treatment in order to better adjust the treatment to the person-specific presentations of the psychological disorder, specifically, the treatment of BPD and other disorders with impaired social-cognition, as autism or psychotic disorders.

4014

Syrian Refugees in Joprdan

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Syrian refugees have faced potentially traumatic experiences, live under stressful and constraining conditions, and confront an uncertain future. A greater understanding of the issues that Syrian refugees in Jordan encounter can lead to interventions that better address their needs. While some stressors are not gender-specific, there are unique factors that women face which place them at increased risk of mental health problems. Although early research was gender-blind, more recent research has demonstrated that gender shapes the experiences of refugees. The current study examines gender differences in mental health, self-esteem, family function, marital satisfaction, and life satisfaction between men and women living in a refugee camp for Syrian refugees in Jordan. A sample of 290 adults (196 women and 94 men) living in a refugee camp in Jordan participated in the study. The following research instruments were used: Symptoms Checklist-SCL90, Self-esteem Scale, the McMaster Family Assessment Device, Marital Satisfaction Scale, and life SatisfactionScale. Findings revealed that marital satisfaction, self-esteem, and life satisfaction were significantly different between males and females, indicating less subjective well-being for women. Many of the mental health symptoms in this study were more common for women than men; particularly noteworthy were somatization, obsessive compulsive behavior, interpersonal sensitivity, depression, hostility, psychoticism, and higher scores on the Global Severity Index (GSI). Implications for practice include a greater understanding of the challenges and resilience mechanisms that are related to gender and culture.

4015

Analysis of emotional experience and metacognition in metacognitive psychotherapy for schizophrenia

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Background

Research suggests that in-session emotional experiences in psychotherapy promote both session and treatment outcomes across different clinical samples and treatment approaches. However, little is known about how this notion applies to clients with schizophrenia, who experience particular deficits related to emotional experience. To explore this question, in this study we investigated the association between clients' emotional experience and their session outcome evaluations and metacognitive growth in a metacognitively-oriented treatment, Metacognitive Reflection and Insight Therapy (MERIT).

Method

Five-hundred-and-sixty-three sessions of 37 clients with schizophrenia who took part in an ongoing MERIT trial were analyzed. The Emotional Experience Self-Report (EE-SR) and Outcome Rating Scale (ORS) were collected on a session-by-session basis. Levels of metacognition ware assessed pre- and post-treatment using the Metacognitive Assessment Scale Abbreviated (MAS-A) coding system. We used multilevel modeling to test our session-level predictions, and linear regression analysis for treatment-level predictions.

Results

Greater emotional experience, expression, and regulation within a session were associated with better session outcome. Regarding treatment level, greater emotional experience was associated with improvement in metacognitive mastery.

Conclusions

Our findings reveal that experiencing emotions in MERIT has significant implications for clients' subjective well-being during therapy sessions and for their ability to respond to psychological challenges using metacognitive knowledge. These findings lend weight to the idea that emotional experienceis a key mechanism of change in metacognitive therapy for schizophrenia.

4016

Mental health literacy among Arab university students in Israel: A qualitative study

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There has been a noticeable increase in studies concerning mental health literacy (MHL) among students. Still, very few studies have examined MHL among students of non-Western minority groups. **Our** study examined MHL among Arab students in Israel based on Jorm's conceptual framework that includes six dimensions:Ability to recognize disorders; Knowledge of risk factors; Knowledge of self-treatment; Knowledge of professional help available; Knowledge of where to seek information; and Attitudes that promote recognition or appropriate help-seeking behavior.

Twenty-eight Arab students in Israel took part in semi-structured, in-depth interviews. In their second year of studies, most were single and Muslim, and most reported low socioeconomic status. The data were analyzed thematically, guided by Jorm's (2000) MHL dimensions. Different levels of literacy were found in the various MHL dimensions. The participants identified severe mental disorders more easily than mood disorders; reported a variety of possible causes of mental disorders; were well aware of available professional help (apart from rehabilitative services); identified significant barriers to mental health help-seeking, as Arabs; and reported the internet as a primary source of information about mental health problems and their treatment

The participants' MHL appeared to be associated with their unique sociocultural characteristics. This study stresses the need to raise MHL among Arab students in Israel to promote positive attitudes toward seeking professional help. It also highlights the need to develop culturally adapted mental health interventions for the Arab population in Israel.

4017

In the Face of a Conflict Area: Mothers' Experiences of Hope

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Introduction: Hope is increasingly recognized as an important factor in coping with difficult situations. Little is known however about experiences of hope among caregivers to people with mental illnesses living in conflict areas.

Objectives: This study aimed to explore the multiplicity of hope experiences among mothers living alongside adult children with mental illnesses living in a conflict area.

Methods: A qualitative methodology, narrative inquiry, guided this study. Two Palestinian and two Israeli mothers were recruited from community mental health centers in Jerusalem. Tape-recorded conversations, hope collages, field notes, and research journals were used as the sources of data. To ensure credibility, narratives were negotiated through on-going conversations and in a follow-up meeting with each mother.

Results: Five themes were identified: (1) socio-political conflict markedly threatened experiences of hope; (2) mental illness challenged hope; (3) hope was a process in motion; (4) hope reverberated through generations; and (5) hope was experienced by doing occupations in a spiritual way.

Conclusions: Living in a conflict area significantly threatened hope. What inspired the mothers to continue hoping was doing occupations in a spiritual way, and recalling past experiences, which reverberated towards their children. In these ways, the experiences of hope functioned as a bridge that allowed them to move forward and gave them a sense of possibility amidst the uncertainty of their lives. These findings have important implications for future research and practice in occupational therapy, mental health, and rehabilitation worldwide in conflict areas.

4018

Citizen Science as a novel approach to mental health research: qualitative evidence synthesis

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[1]School of Health Sciences, Institute of Mental Health, , University of Nottingham , Nottingham , United Kingdom; [2]School of Geography, University of Nottingham , Nottingham , United Kingdom; [3]Information Services, University of Nottingham , Nottingham , United Kingdom

Background

The importance of involving service users and others with lived experience of mental health problems at all levels of mental health systems such as advocacy, policy, planning and research has been recognised globally. Citizen science involves public participation in scientific research and is an inclusive approach with the potential to enhance community participation in creating novel knowledge about mental health. Citizen science approaches are well-established in the natural sciences but have not yet been comprehensively applied in mental health research. This new approach has the potential to address the need for mental health system transformation, which will benefit individuals experiencing mental health problems and the health system. The Citizen Science To Achieve Co-production at Scale (C-STACS) Study (information at researchintorecovery.com/c-stacs) is identifying the key issues arising from applying citizen science to mental health. We report on a systematic review to characterise the ethical, legal, societal, and technological issues in using a citizen science approach in mental health research.

Design

We conducted a systematic review in electronic databases (Pubmed/MEDLINE, Embase, PsycINFO, CINAHL) and grey literature databases (OpenGrey, OpenDOAR) from inception to February 2022. Screening was completed by two independent review authors. Eligibility criteria comprised: articles concerning citizen science; design included a qualitative component (i.e., qualitative, or mixed method); study population included individuals with and have recovered from mental health problems. Data were captured using piloted templates based on the emerging domains from thematic analysis of included studies. Critical appraisal using the mixed methods appraisal tool (MMAT) was applied to all included studies. The GRADE-CERQual approach was applied to assess and summarize confidence in key findings. Reporting followed the Enhancing Transparency in Reporting the Synthesis of Qualitative research (ENTREQ) statement. A detailed narrative result including a summary of emerging findings will be presented.

Discussion

This review identifies and discusses the key issues arising from citizen science applied to mental health, including ethical (e.g., confidentiality, anonymisation), legal (e.g., safeguarding, intellectual property), technological (e.g., accessibility, digital exclusion) and other emerging issues. Findings from this review contribute to understanding the complexity of using citizen science in mental health. The review will provide the theoretical foundation for the design and planning of future work in the C-STACS Study. The overarching goal of applying citizen science approaches is to support innovation and transformation of health and social care systems for people living with mental health problems.

4019

The Impact of Collective Intervention Options on Person-centred Care

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In this symposium we will look at three collective intervention options applied in mental health intervention strategies with adults. These include Family Group Conferences as practised in the Netherlands and in the UK, Houses of Hope (Balancing Houses) in Israel, and Springbank (a closed ward for women with borderline personality disorder) in the UK. We will focus on the added value of a collective approach to the usual existing individualised range of person-centred mental health care.

All three approaches enable the application of both collective and individual interventions, usually with people being diagnosed as having serious mental illness. The interventions include shared action planning, shared decision making, individual and group Dialectical behavioural Therapy, the Open Dialogue, regular community meetings, formal and informal one to one meetings.

Our analysis will include describing these collective interventions, their stated purpose, their main advantages and disadvantages. The analysis will also look at the contribution of service providers and service users. Policy makers and funders' expectations will be included in the analysis.

Providers include a range of professionals, a number of whom have had their own lived experience of mental health issues, and peer support workers.

Existing evidence concerning processes and outcomes pertaining to the reduction of mental ill health and increased degree of recovery from it will be looked at, to include de-stigmatisation, participants' satisfaction as well as staff's satisfaction, their economic and quality of life cost effectiveness, barriers and facilitators to their implementation.

In addition to research evidence we will look at existing videos which demonstrate the practice in these settings.

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Health service change created through expressions of gratitude: systematised review

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Introduction

Health service workers regularly receive expressions of gratitude, along with other types of feedback, for the treatment and care they have provided, including in verbal and written form. Gratitude can be expressed by a range of actors including patients and family members, but organisational barriers can make the transmission of gratitude difficult. Enabling people to voluntarily express gratitude to healthcare staff if they wish might benefit staff wellbeing (providing economic benefits to service providers) and service delivery (providing benefits to service users).

Objectives

To develop a preliminary model describing how expressions of gratitude create change in healthcare settings.

Methods

A systematized literature review was conducted of empirical evidence on the impact on healthcare workers of receiving expressions of gratitude (PROSPERO CRD42021265334). Documents were identified from 3 databases (CINAHL, MEDLINE, PsycINFO), and through forwards and backwards citation. Papers were included that described voluntary expressions of gratitude in any form. Data was abstracted on mechanisms, moderators, mediators and types of change. Classification was guided by how change was presented in the source publication. A change model was produced, and validated through consultation with healthcare workers.

Results

9,203 records were screened. 23 documents were included from 19 countries spanning 6 continents. Included documents were primarily qualitative (n=15). Quantitative documents (n=8) consisted of one trial report and 7 documents presenting survey evidence. 12 documents considered gratitude received from patients only, 6 considered gratitude received from patients and family members, and 5 considered gratitude received from community members. Positive impacts were categorised as work-related change (improved team performance, increased work-related satisfaction, greater role retention, increased sense of doing meaningful work, reduced burnout), changes directly benefiting staff health (increased sleep quality, decreased headaches, increasing healthy eating intentions) and proximal emotional change (feeling rewarded, proud, motivated, fulfilled, accomplished, supported). One study described a harmful outcome of physicians feeling pressured to offer preferential treatment to patients who gave gifts. Mechanisms of impact included intensification of prosocial team processes and changes in the patient-professional relationship. Impact was moderated by the nature of specific healthcare professional roles, with less impact for staff in roles with shorter and more superficial contact time with patients. Team information sharing was found to be a mediator in one included study.

Conclusions

The review provides evidence that expressions of gratitude can create change in healthcare systems. It indicates that further interventional studies are required to quantify the impact of expressions of gratitude.

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Discrimination among migrants in depression's management by General practitioners:Experimental study

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Background

In Europe, migrants have a higher prevalence of mental health problems than their native counterparts. In addition, they face more unmet medical needs, including less frequent referral to mental health services. According to social psychologists, general practitioners (GPs) may undertreat migrants due to ethnic implicit and explicit bias. One potential explanation for such discrimination is the lack of humanization when dealing with patients with a migration background. Yet, to date, no experimental study has tested this hypothesis. This paper, therefore, assesses whether humanization influences GPs' (i) (discriminatory) attitudes towards, and (ii) diagnosis, treatment and referral decisions regarding depressed patients with and without a migration background.

Methods

In 2021, a balanced 2 X 2 factorial experiment was carried out among Belgian GPs (N = 797), comprising of two video vignettes depicting a depressed native and a Belgo-Moroccan patient, respectively. Half of the respondents were exposed to an intervention that aimed to humanize the patients by providing more detailed information about the patient's life story. The randomly assigned vignette was followed by an online questionnaire regarding diagnosis, treatment and referral decisions. T-tests, chi-square and two-way ANOVA were used for analyses.

Findings

Overall, we observed few differences in the diagnosis, treatment and referral of depressed patient with and without a migration background, neither among the group that was exposed to the humanization intervention, nor among the group that did not receive the intervention. Nevertheless, there was a more frequent diagnosis of anxiety in natives compared to patient with migration background (OR^{Native} 1.65 (95% CI:1.10–2.46)). Moreover, severity of symptoms was rated lower among the Belgo-Moroccan as compared to the Belgian patient (F = 7.04, p = <.01). These results could explain the lower likelihood of benzodiazepine prescription among Belgo-Moroccan patients (F = 7.57, p = <.01).

Interpretation

In summary, the results indicate that GPs seem to treat depression among migrants in quite a similar way as they do for non-migrants. However, the misdiagnosis of anxiety and underestimation of the severity of the symptoms among migrants could lead to different medical decisions and different use of mental health care services.

Keywords

General practitioners, mental health, migrant, ethnic minority, depression, anxiety, humanization, life story

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Sleep disturbances as a potential target to enhance treatment outcome in trauma-affected refugees

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Introduction: The present study aimed to provide knowledge on sleep and PTSD to enhance treatment outcome in trauma-affected refugees. The study aimed 1. to estimate the treatment effects of Imagery Rehearsal Therapy (IRT) and/or mianserin compared with treatment as usual (TAU), 2. to examine whether subjective sleep quality was a specific predictor of PTSD symptoms and level of functioning based on the intention-to-treat (ITT) sample of the RCT, and 3. to explore if and, if so, how various aspects of baseline rest-activity disturbances were associated with baseline severity of PTSD and depressive symptoms based on the ITT sample of the RCT.

Method: The RCT had a 2x2 factorial design. A total of 219 participants were randomized to four groups. All four groups receivedTAU. One group received solely TAU to serve as a control group, while the three remaining groups were active treatment groups, receiving add-on treatment with either mianserin or IRT, or a combination of both.The primary outcome measure was sleep quality measured on Pittsburgh Sleep Quality Index. Secondary outcome measures were nightmares, PTSD and symptoms of depression, quality of life and level of functioning.

Results: A significant effect was not identified of add-on treatment to TAU with IRT or with mianserin on measures of sleep quality or on PTSD symptoms compared with no add-on treatment to TAU.

Good sleep quality at baseline and improvement of sleep quality were found to be predictors of treatment response for PTSD symptoms and level of functioning.

An association was identified between the different rest-activity parameters, i.e., social zeitgebers, level of physical activity and circadian rhythm. Social zeitgebers and circadian rhythm were associated with severity of PTSD and depressive symptoms, while level of physical activity was not.

Discussion: The study contributed to expanding knowledge of the relationship between sleep and PTSD in trauma-related refugees. The study identified subjective and objective rest-activity disturbances in the form of insomnia symptoms, nightmares, poor sleep quality, disrupted social zeitgebers, and circadian dysrhythmia as prevalent and associated with PTSD symptom severity in trauma-affected refugees. Although the two examined sleep-enhancing treatments did not prove to enhance sleep quality or alleviate PTSD symptoms more than with TAU, improving sleep quality in treatment was identified as a possible modifiable predictor of treatment response. The results raise questions as to which individuals would profit from sleep-enhancing treatment and what would be the optimal timing and content of such treatment.

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What facilitates posttraumatic growth in experiences of psychosis?

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Introduction

Experiences of trauma are commonly reported by people with experience of psychosis. Trauma can arise from childhood, the experience of psychosis, or negative healthcare experiences. Some people with psychosis also report experiences of positive change or posttraumatic growth (PTG). PTG refers to the positive psychological changes arising from the struggle with traumatic or stressful experiences. There is limited insight into what facilitators or predicts PTG for people with experiences of psychosis.

Objective

This systematic review aims to identify significant predictors of PTG and develop a conceptual framework synthesising facilitators of PTG following experiences across the psychosis spectrum.

Methods

Ten electronic databases were searched in seven languages (Arabic, Chinese, English, French, German, Hebrew, Italian), and five journals and grey literature were searched in English only. Qualitative studies were eligible if describing PTG arising from experiences of psychosis, where a narrative synthesis was conducted on findings. Quantitative studies were eligible if examining correlates, mediators, or the temporal relationship between PTG and one or more variables. Findings from quantitative papers were grouped by analysis method and descriptively reported upon.

Results

Thirty-seven papers were included. The narrative synthesis identified seven facilitators of PTG in psychosis: Personal identity and strength, Receiving support, Opportunities and possibilities, Strategies for coping, Perspective shift, Emotional experience, and Relationships, giving the acronym PROSPER. Significant correlates and mediators of PTG were identified, however, no studies described the temporal relationship between PTG and psychosis. Mediators of PTG in psychosis included meaning in life, coping self-efficacy, core beliefs, and self-reported recovery.

Conclusions

Individuals with psychosis can be supported to grow from traumatic experiences. This can include focusing on positively valued identity changes using trauma-informed approaches. The research also provides an evidence-based theoretical framework for understanding PTG. Future research is required to validate and evaluate the model using longitudinal cohort studies. The PROSPER framework can also be used as a theoretical basis in the development of new clinical interventions.

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Focus ADHD national programme evaluation

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Background

The East Midlands Academic Health Science Network (EMAHSN) is currently rolling out the Focus ADHD (Attention deficit hyperactivity disorder) national programme which is working with Qbtech LTD to implement the QbTest in NHS Trust sites across England as part of the ADHD assessment process for children 6-18 years old. The QbTest is a commercially available assessment tool to support the rule in/out of ADHD in the diagnosis process. The test is now widely but not uniformly available across the UK. It is used to supplement rather than replace, conventional clinical examination and subjective assessments which include school and parental reports and rating scales.

We are currently conducting an evaluation on the Focus ADHD national programme at the Institute of Mental Health, which is jointly run by the University of Nottingham and Nottinghamshire Healthcare NHS Foundation Trust.

Aims

The aims of the evaluation are to:
Build an evidence base, measuring benefits and benchmark to East Midlands AHSN demonstrator real world evaluation (2017);Support the sustainability of new deployments; and,Develop formative learning to inform new implementation.

Methods

Online learning workshops were held at the start of the evaluation with NHS Trust sites that had implemented the QbTest before April (and so could not be included in the national evaluation). The learnings from these workshops were used to inform future implementation of the QbTest, an audit training programme on how to collect the audit data for the evaluation, and the sustainability of the continued use of the QbTest at trust sites.
We are collecting auditing data from NHS Trust sites around England on outcome data on 30 patients pre-implementation of the QbTest and 30 patients post-implementation for each Trust site involved in the evaluation. This data will be analysed to discover any changes to the outcome measures from pre to post implementation.
We are also conducting semi-structured interviews with clinical staff involved in the implementation and/or use of the QbTest at Trust sites. This will give a more in depth view of the implementation process of the QbTest at NHS Trust sites.
Online surveys will be completed by clinical staff and patients to feedback their experience of using the QbTest.

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How do design decisions made when conducting an experience sampling study affect data completeness?

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Introduction

The experience sampling method (ESM) is an intensive longitudinal research method conducted in real world settings. Participants complete self-report questions regarding transient experiences at multiple times about their current or very recent state. Most ESM questionnaires are completed using smartphone applications. Conducting an ESM study involves making several design decisions. ESM is a collection of methods and is usually reported in relation to general characteristics rather than a defined set of design options. When designing an ESM study, researchers have insufficient evidence on which to base design decisions. Study designs are often based on individual research questions, leading to substantial heterogeneity in design. Data completeness is a particular challenge in ESM and missing data is common. This can cause important aspects of experience to be overlooked by researchers. People with psychosis have been shown to be less adherent to ESM study protocols than the general population. Therefore, understanding factors influencing data completeness may be of benefit to future research. The aims of this systematic review were: 1. characterise the design choices made in ESM studies monitoring the daily lives of people with psychosis in a typology and 2. synthesise evidence relating the data completeness to different ESM design choices.

Methods

A systematic review was conducted of published literature on studies using ESM with people with psychosis. Studies were included if they used digital technology for data collection and reported the completeness of the data set. The constant comparative method was used to identify design decisions. This involved using inductive identification of design decisions with simultaneous comparison of design decisions observed. Weighted regression was used to identify design decisions that predicted data completeness.

Results

38 studies were included. A typology of design choices used in ESM studies was developed. The typology comprised three superordinate categories of design choice: Study context, ESM approach and ESM implementation. Design decisions that predicted data completeness were identified.

Conclusion

Developing design consistency in ESM studies has been impeded by the absence of a typology of design decisions. The proposed typology could help to define and classify ESM research methods, increasing methodological rigour in individual studies, quality of reporting, and the ability to synthesise findings. Knowledge of design decisions that predict completeness could help researchers to design studies that increase adherence to study protocols, reducing the amount of missing data and increasing study quality.

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Using mental health recovery narratives to create change in recipients

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Introduction

Mental health recovery narratives are first-person accounts of recovery from mental health problems and are commonly used within recovery-oriented interventions (e.g. peer support and anti-stigma campaigns). There has been minimal research to understand the health-related change that can be created by receiving recovery narratives.

Objectives

To develop a theoretical framework to understand the long and short-term impacts of recorded mental health recovery narratives.

Methods

Three studies were conducted.

First, a systematic review was conducted to synthesise existing evidence on the impact of mental health recovery narratives (https://doi.org/10.1177/0706743719846108). A conceptual framework was produced through thematic analysis of included studies.

Second, semi-structured interviews with people with lived experience of mental health problems and recovery (n=77) were conducted (https://doi.org/10.1371/journal.pone.0226201). Participants drew from four marginalised or under-researched population groups; experience of psychosis with no use of mental health services in the past five years, Black and other minority ethnicities, experience of mental health problems with no or difficult experiences of mental health services, and peer workers. Participants were asked to share their mental health recovery narrative and to describe the impact of receiving other people's narratives on their recovery. A change model was generated through thematic analysis.

Third, an experimental study to examine the immediate impact of mental health recovery narratives was conducted (https://doi.org/10.1186/s12888-019-2405-z). Participants (n=40) were shown up to 10 randomly-selected narratives and were immediately asked about the impact of the narrative. Responses were thematically-analysed to develop a causal chain model describing the immediate impact of narratives.

Results

The systematic review included five articles, where six forms of impact were identified; connectedness. understanding of recovery, reduction in stigma, validation of personal experience, affective responses, and behavioural responses. Characteristics of the recipient, narrative and context moderated the impact of the narrative. Receiving recovery narratives could cause harm.

The interview study identified that change occurs through connection with the narrator or narrative and is mediated through having shared experiences, learning through the story, having an emotional experience, or noticing achievements. Helpful and harmful impacts were identified.

The experimental study identified three mechanisms of connection; comparison, empathy and learning. Mechanisms lead to outcomes through identifying change in the narrative structure, interpretation of change, and internalisation.

Conclusions

Mental health recovery narratives can have both helpful and harmful impacts on recipients. Whilst different factors can mediate the impact a narrative has on an individual, recipients of narratives can connect with both the narrative content and the narrator.

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The Narrative Experiences Online (NEON) Intervention: development and clinical trials

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Introduction

The Narrative Experiences Online (NEON) Intervention is a web-application matching users to items in the NEON Collection of more than 600 mental health recovery narratives, whose design has been informed by prior NEON work on the impact of mental health recovery narratives [https://doi.org/10.2196/24417]. It has been evaluated in three online clinical trials for people with experience of self-rated psychosis (NEON Trial, ISRCTN11152837), non-psychosis mental health problems (NEON-O Trial, ISRCTN63197153) and of providing informal care for others with mental health problems (NEON-C Trial, ISRCTN76355273) [https://doi.org/10.1186/s13063-020-04428-6].

Objectives

To describe curation procedures for the NEON Collection. To describe the matching approach used by the NEON Intervention.

Methods

Initial principles for the NEON Collection were developed through consultation with a Lived Experience Advisory Panel, informed by curation research [https://doi.org/10.2196/14233, https://doi.org/10.2196/16290], and evaluated by assembling a 100-item preliminary collection. Procedures were refined by a Collection Steering Group as the collection grew. The INCRESE inventory was developed, and used to characterise all narratives in the NEON Collection [https://jps.library.utoronto.ca/index.php/rmh/article/view/34626]. An intervention was developed presenting five narrative access routes, and refined through a feasibility study [https://doi.org/10.2196/24417].

Results

Twenty-two curation principles were developed, including a mission to build a large, heterogeneous collection to maximize opportunities for connection with a narrative or narrator, where appropriate consent is in place for inclusion, and where narratives are reproduced without modification, even where the narrator is identifiable. The heterogeneity of the NEON Collection was regularly reviewed through analysis of INCRESE characteristics. Corrective measures were taken if specific characteristics were under-represented. The NEON Intervention incorporates an algorithm that recommends a narrative to a user, informed by prior participant responses to five Likert-scale feedback questions assessing the impact of a narrative on hope, the degree of perceived connection to a narrator or narrative, and the degree of learning from the narrative. Intervention users can also request a random narrative, browse narratives using categories derived from INCRESE, and return to narratives previously rated as hope-inspiring, or otherwise bookmarked by users. Users can access a page offering recommendations on how to process difficult emotions elicited by

engaging with narratives. Content warnings are included for narratives containing potentially distressing content.

Conclusions

The NEON Intervention is a scalable approach to using mental health recovery narratives to help others. Logging and interview data collected through the NEON trials will enable assessment of effectiveness, impact, and user experience. Future work might examine what narratives worked for whom, and why.

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Mental health lived experience narratives: recommendations for avoiding misuses

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Introduction

Mental health lived experience narratives are first-person accounts of people with experience of mental health problems. They have been published in journals, books and online, and used in healthcare interventions and anti-stigma campaigns. There are concerns about their misuse.

Objectives

To develop recommendations for avoiding misuses of lived experience narratives.

Methods

A four-language systematic review was conducted to identify actual and proposed uses of lived experience narratives in healthcare and community settings, and to synthesise critiques of their use in these settings [https://doi.org/10.1093/schbul/sbab097]. Five authors identified as having lived experience of mental health distress. Preliminary recommendations were produced, and refined by an expert committee including members with experience of curating narrative collections, mental health activism and mental health provision.

Results

6531 documents were screened. 78 documents from 11 countries were included, from publications databases (n=47) and websites (n=7), through backwards and forwards citation tracing (n=16), and through expert consultation (n=8). Twenty-seven uses were identified in five categories: political, societal, community, service level and individual. Eleven misuses were identified, categorized as relating to the narrative (narratives may be co-opted, narratives may be used against the author, narratives may be used for different purpose than authorial intent, narratives may be reinterpreted by others, narratives may become patient porn, narratives may lack diversity), relating to the narrator (narrator may be subject to unethical editing practises, narrator may be subject to coercion, narrator may be harmed) and relating to the audience (audience may be triggered, audience may misunderstand). Four open questions were identified: Does including a researcher’s personal mental health narrative reduce the credibility of their research?; Should the confidentiality of narrators be protected?; Who should profit from narratives?; How reliable are narratives as evidence?).

Seven recommendations were developed by the expert committee: 1: Narratives should be experientially and representationally diverse. 2: Consider ways of interpreting narratives, and build pathways for ethical listening. 3: Mitigate harm, promote safety. 4: Recognize the value of narratives and offer appropriate compensation to narrators. 5: Research processes into lived experience narratives should integrate lived experience researchers. 6: Consider imbalances of power whenever using lived experience narratives. 7: Publication guidelines for lived experience narratives should include a description of how misuses can be avoided.

Conclusions

Lived experience narratives can be misused, either advertently or inadvertently. Organisations using lived experience narratives should be aware of the potential for misuse, and should adopt processes designed to avoid misuse.

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Research on Soteria House, Open Dialogue, Recovery - Do we apply the appropriate methodologies?

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Social psychiatry research on settings and interventions such as Soteria House, Open Dialogue and Recovery shows commonly no treatment effect in favour of the intervention. Reasons for this are usually attributed to the weakness of the intervention or to sample size issues. By reviewing the methodological state of research in social psychiatry, however, I will try to show that this may be due to fundamental problems in the methodologies that utilize common group-based comparison (intervention group vs. control group). The main issue lies in using group-related aggregated or average effects while the interventions and the person-related outcomes are highly individualized. A possible solution may be utilizing methods such as “N=1” or single case study designs. Such methodologies evaluate the effect on each individual separately over several time points with control conditions where the intervention is not applied. Therefore, the study participants serve as their own controls. Additionally, such methodologies allow aggregation across study participants.

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Costs of health and social care service use in families with a parent with mental illness

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Background: Families with a parent with mental illness and their children use a broad spectrum of mental health care, social services, school-based support and youth welfare services. From a societal perspective, these families are a suitable target group for preventive measures.

Aim of the Study: This study aims to give decision makers an overview about the spectrum of used services, to support planning of future services and evaluate the health economic consequences of services and preventive interventions.

Methods: Type and frequencies of service use were collected with the Client Sociodemographic Service Receipt Inventory (CSSRI) in adults and the Children and Adolescent Mental Health Service Receipt Inventory (CAMSHRI).

Results: Families with a parent with mental illness generate high costs in the health and social care system. The parent with the mental illness and children have highest costs in the health care system. Children also show high costs in school based services.

Discussion and Limitations: Families with a parent with mental illness need a broad and interlinked support by institutions and service providers to reduce the risk in children of developing a mental illness in their future life.

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Digital coping processes of parents residing in conflict-affected communities

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Objective

Mobile technologies such as the instant messaging application WhatsApp have become significant resources for information and social support in times of crisis but have also been reported to constitute a potential source of misinformation and increased exposure to other users' emotional distress. Little is known about the role of WhatsApp groups in coping processes in the context of living in conflict-affected regions. Living in such areas is associated with myriad mental health impacts. That said, additional evidence suggests that most exposed individuals do not develop major mental health morbidities, indicating resilience and effective coping abilities. Recent studies have highlighted the role played by WhatsApp during man-made disasters and identified parents of young children as a primary vulnerable group in terms of experiencing a sharp decrease in perceived resilience levels. However, it is to date unknown what role WhatsApp groups play for individuals, families, and communities living in regions affected by ongoing conflicts.

Method

The study examines the coping resources provided in local online parent groups(OPGs) during violence escalation and relative calm periods. Furthermore, it identifies parents' positive and negative perceptions of OPG usage. The study involves a mixed-methods approach comprising qualitative in-depth interviews with 15 couples who are parents of children under the age of 17 residing in communities near the Israel-Gaza border and an online netnography of four local OPGs.

Results

Study findings reveal three levels of parents' coping resources on OPGs: personal, family, and communal digital coping resources.

Conclusion

Our results expand and develop the original models and core concepts of the salutogenic and ecological paradigms traditionally studied solely in offline environments. Moreover, results examine the effectiveness of digital contexts such as WhatsApp groups in helping parents cope with an ongoing collective stressor.

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Implementation of a patient guideline for psychosocial therapies - results of the IMPPETUS RCT

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In recent years, patient versions of guidelines have been developed regularly, but structured implementation efforts for these patient clinical guidelines are missing. The IMPPETUS study assessed whether a structured implementation of a patient guideline for psychosocial therapies improves the empowerment of patients with severe mental disorders.

The study was a multicentre, cluster-randomised, controlled study with two parallel groups. Inpatients and day hospital patients with severe mental disorders were included. In the experimental group, the patient guideline was implemented using a multimodal strategy. Participants in the control group received treatment as usual, but were made aware of the patient guideline. The primary outcome was the change of empowerment, assessed by using the ‘empowerment in the process of psychiatric treatment of patients with affective and schizophrenia disorders’ (EPAS) scale. In addition, knowledge, attitudes and experiences regarding psychosocial interventions was assessed as secondary outcomes, as well as service use, satisfaction with care, patient need and quality of life and participation and social inclusion.

Results of the randomized controlled trial will be presented. Preliminary analyses suggest that the intervention was able to improve the knowledge of the guideline, but this did not improve the empowerment.

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Satisfaction with social connectedness as predictor of clinical recovery

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Background: While for a long time it was thought that clinical recovery had to be achieved before personal or societal recovery could commence, recent research suggests that recovery is not a sequential process and that the different types of recovery likely have a bidirectional influence on each other. In this study we examined whether satisfaction with social connectedness (SSC), an important part of personal recovery, could serve as predictor of clinical recovery. Specifically of the severity of positive and negative symptoms in people with a psychotic disorder one and two years later.

Methods: Data from the Pharmacotherapy Monitoring and Outcome Survey (PHAMOUS) was used from patients assessed between 2014 and 2019, diagnosed with a psychotic disorder ($n = 2109$). Items about social connectedness of the MANchester Short Assessment of Quality of Life (ManSA) were used to measure SSC. The SSC construct had sufficient validity and reliability with inter item correlations between 0.265-0.415 and Cronbach's α=0.67. Time-lagged, linear mixed models were used to estimate the association of SSC with the Positive and Negative subscales of the Positive and Negative Syndrome Scale (PANSS) after one and two years against $\alpha = 0.01$. Analyses were adjusted for psychopathology, illness duration (M=18.8 years, SD=10.7), gender and age. Additionally, fluctuation of positive and negative symptom scores over time was estimated.

Results: After adjustment for covariates, SSC had a significant negative association with positive symptoms after one year ($\beta = -0.47$, $p < 0.001$, 95% CI $= -0.70, -025$) and two years ($\beta = -0.59$, $p < 0.001$, 95% CI $= -0.88, -0.30$), and with negative symptoms after one year ($\beta = -0.52$, $p < 0.001$, 95% CI $= -0.77, -0.27$). The prediction of negative symptoms was not significant at two years. Interestingly >65% showing only small fluctuations in positive and negative symptoms (0-2 points fluctuation on PANSS subscale scores ranging 9-63) over a two to five-year time period.

Conclusion: This study demonstrates that more satisfaction with social connectedness (SSC) is a small, but robust predictor of less severe future levels of positive and negative symptoms of psychosis, even though our sample could be characterized as relatively stable with mild and limited fluctuation of clinical symptoms. This implies that interventions on SSC might positively impact clinical recovery in people with psychosis.

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Personal and social recovery in psychosis: the potential moderating effect of extraversion

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Aims and objectives: Social exclusion and stigma are reported by patients as important barriers in reaching personal recovery from psychosis (Wood e.a., 2018). In clinical practice, social interventions (aimed at employment, social network, community participation) play an increasingly important role in treatment of psychotic disorders. Few studies have looked at the relationship between social and personal recovery in psychosis, showing small positive associations and a high degree of heterogeneity between studies (Leendertse e.a., 2021). Studies looking at other SMI populations appear to find higher associations (Tse e.a. 2014; Roosenschoon e.a. 2019; Lloyd e.a. 2010). Personality traits might play a role in this association. In the general population extraversion is related to positive affect and well-being (Wilson, 1967) and social activity (DeNeve & Cooper, 1998)
Previous research in psychosis indicates a relationship between extraversion and social functioning (Boyette, e.a., 2014), while others find no association and suggest that the positive influence of extraversion on social functioning is nullified by high levels of public stigma related to psychosis (Lysaker & Davis, 2004). This study explores the relationship between social and personal recovery, and the potential moderating effect of extraversion. Perhaps by promoting personal recovery in psychosis it is useful to distinguish between intro- and extravert patients in selecting appropriate interventions.

Methods: Data for these analyses were obtained from 243 patients with psychotic disorders. This study is part of a cohort study into recovery in psychosis, in which people are followed for 10 years on symptomatic, functional, social and personal recovery, and a wide range of potential determinants (van Aken e.a. 2021). The Recovery Quality of Life scale was used to asses personal recovery. The Social Role Participation Questionnaire and the participation-index of the World Health Organization Disability Assessment Schedule were used to assess social recovery. The NEO-FFI was used to assess extraversion.

Results: This study is now ongoing, results will be presented at the conference.

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Adult attachment and its relationship with personal recovery in clients with a psychotic disorder.

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Background: Etiological factors of psychotic disorders include interpersonal experiences such as early trauma and neglect as well as biological factors. The greater recognition of the impact of interpersonal experiences and stress on the origin and recovery of psychotic disorders, has increased interest in Bowlby's attachment theory. This theory discusses the impact of early interpersonal relationships on stress regulation and functioning later in life. A secure attachment style is considered to be associated with greater emotional well-being, emotion regulation and mental health, and also with greater resilience, hope and optimism in life. We assume that these aspects support the process of personal recovery in clients with a psychotic disorder. On the other hand, an insecure attachment style could have a hindering or even a stagnant effect on this process.

Some studies have found associations between the anxious and avoidant adult attachment styles and aspects of less personal recovery (identity and hope) in populations with a psychotic disorders. However, the relationship between these insecure attachment styles and other domains of personal recovery (connectedness, meaning in life and empowerment) remains unclear.

Aim: More insight into determinants of personal recovery will help us to optimize recovery based care, which is expected to lead to improved results and decrease of experienced suffering due to the psychotic disease. In the present study, we examine the relationship between the insecure attachment styles and personal recovery in an adult population with a psychotic disorder.

Method: TheUP's study is an ongoing Dutch longitudinal multicenter cohort study on recovery from psychotic disorders and is performed with a 10-year follow-up. The participants from UP's (T0) are included in the current sub-study, characterized by a cross-sectional design. Adult attachment is assessed by the Psychosis Attachment Measure (PAM), personal recovery by the Individual Recovery Outcomes Counter (I.ROC) and the Recovering Quality of Life (ReQoL). To measure the severity of symptoms, we used the PANSS-remission tool.

Results and conclusions of this study will be presented during the symposium.

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Clubhouse Horizon – experiences during the Covid pandemic

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Background: 'Clubhouse Horizon' is one of the two Dutch clubhouses working in accordance with the international clubhouse model. The clubhouse provides a safe space where people with psychiatric difficulties can convene and offer each other (peer) support in their societal recovery process. Due to the Covid-19 pandemic, Clubhouse Horizon had to temporarily close. In this study we evaluated how people experienced their membership to Horizon prior and during the close-down. Findings are related to the self-determination theory.

Method: The study design and semi-structured interview were developed by the research team, consisting of two researchers, the director of Clubhouse Horizon, a member and a staff member. The staff approached members about participation in the study. Interviews (15-60 minutes) were held over the phone and participants were asked about the role of Horizon in their lives. All interviewed participants (n=15) signed informed consent for participation and audio recordings, which were transcribed and analyzed using thematic analysis.

Results: Firstly, Horizon resulted in *Connectedness* through feeling accepted, being heard, a sense of equality and positive social contacts. During the Covid-19 close-down, social contact with and support of other members were missed the most. Secondly, there was great appreciation for the *role of staff members*, who were seen as equal to members, interested and proactive. During the Covid-19 close-down, all members stayed in contact with the staff, mostly by phone and going on walks, and most members stayed in touch with each other as well. Horizon also hosted special walk-in moments for small groups of members. Thirdly, Horizon led to *competence* by providing structure, activities, the opportunity to work on skills and support in re-entering a job. During the Covid-19 close-down, the daily structure Horizon provided was missed the most and individual members missed specific activities. However, some members were also able to keep a daily structure at home and entertain themselves.

Conclusion: Participants were positive about their clubhouse Horizon membership. At clubhouse Horizon, they are able to be together with others (connectedness) and word on developing desired skills (competence) based on their own interests and volition (autonomy). Social contact and performing tasks and activities at the clubhouse were missed the most during the Covid-19 close-down.

4037

Impact of Covid-19 on service users with severe mental illness or autism spectrum disorders

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Background: Most research on COVID-19 effects has focused on the general population. Here we measure the impact on people with an autism spectrum disorder (ASD) and people with a severe mental illness (SMI) who receive care from Flexible Assertive Community Treatment (FACT) teams, during the first and second wave of COVID-19 in the Netherlands.

Methods: Anonymous, online survey assessing mental health, experiences with outpatient care, government measures and information services among service users in the Northern-Netherlands. Impact was retrospectively measured in July-September for the first wave (March-July 2020) and December 2020-February 2021 for the second wave (September-December 2020).

Results: A total of n=105 participated in the first wave and n=150 in the second wave survey. Happiness was rated an average of 6.0, before and during both waves. On resilience, 70% of the participants scored below average. Positive consequences of COVID-19 on mental health during both waves were similar (an ordered world and time for reflection), prominent negative consequences were missing contact with others and increased mental health problems. From wave 1-2, participants developed new/more care needs regarding mental health and daily functioning. Lifestyle changes were reported by 50% in both waves, but were only slightly attributed to the pandemic. Participants reported few changes in substance use during both waves. Continuation of mental healthcare was highly appreciated in both waves (75-80% scored ≥7 on a scale of 1-10). (Video)calling was the most frequently mentioned positive care experience; missing face-to-face contact with care providers was most mentioned as negative experience. The percentage of participants finding anti-COVID-19 measures mostly doable, halved from first to second wave with those finding adherence (very) difficult increasing in the second wave. Vaccination willingness approximated 70%.

Conclusions: Results show a nuanced, but clear picture of experiences during both waves. Mental health and daily functionen suffered, while continuation of services through tele-health was well-received. Continued monitoring of long-term impact of COVID-19 is needed.

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Cannabis use in relation to quality of life and functioning in psychosis

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Background: Cannabis use is highly prevalent among people with a psychotic disorder. They often report sociality, coping with unpleasant affect and having positive experiences as important reasons for cannabis use, suggesting that cannabis improves their quality of life (QoL) and psychosocial functioning. However, based on previous studies we hypothesize that cannabis use is negatively associated with long-term subjective QoL and psychosocial functioning in people with a psychotic disorder.

Methods: We included 2994 people with a psychotic disorder (36.4% female), mean age 44.4 (SD 11.9), mean illness duration 17.2 years (SD 11.1), who participated in two yearly routine outcome assessments between 2014 and 2018 (interval 9-15 months) from the naturalistic PHAMOUS cohort study. Linear regression analyses were used to examine whether first assessment cannabis use was associated with QoL (ManSA) and psychosocial functioning (HoNOS). Changes in outcomes between assessments were analyzed with AN(C)OVA, to examine differences between continuers ($n = 255$), discontinuers ($n = 85$), starters ($n = 83$) and non-users ($n = 2571$).

Results: At first assessment, 11.4% was using cannabis. They had lower QoL ($B = -2.93$, $p < 0.001$) and worse psychosocial functioning ($B = 1.03$, $p = 0.002$) than non-users. After one year, changes in QoL and psychosocial functioning were not significantly different between continuers, starters, discontinuers and non-users.

Conclusions: Cannabis users were less satisfied with their family relations and financial situation and showed more aggressive and disruptive behavior and self-harm than non-users. These differences are likely the result of patients having used cannabis for many years. Starting or discontinuing cannabis did not lead to changes in QoL and psychosocial functioning within one year.

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MIMOS Study: Prevalence of Mental Health and Drug/Alcohol of People at Sexual Assault Centres in UK

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Sexual Assault Referral Centres (SARC) are one stop services where people can get health interventions (such as tests for HIV, pregnancy, sexually transmitted infections), emotional support and a forensic examination following a sexual assault. Research from the UK and other countries indicate there is a high level of mental health needs in sexual assault survivors, but SARC clinical guidance lacks detail on how this could be addressed. The MIMOS study (2018-2021) was commissioned by the National Institute of Health Research in the UK to address how mental health and drug and alcohol needs are identified, as well as what works in terms of treatment and support, and how SARCs work with other partner agencies.

Aim: to assess the level of mental health and drug/alcohol issues in recent attendees in 6 English SARCs.

Method: attendees were approached by SARC staff to gain consent to contact, and a MIMOS researcher would make contact to explain the study, send an information sheet, and then obtain informed consent. After this a link to the screening tools online would be sent. The researcher would check their responses and if need be complete a welfare check by phone.

Measures used: CORE-10 assessment of mental distress; Standard Assessment of Personality Abbreviated Scale (SAPAS); Primary Care PTSD Screen (PC-PTSC-5); ReQoL mental health quality of life; AUDIT Alcohol screening tool and Drug Abuse Questionnaire (DAST)

Results. Of the 157 that researchers made contact with, 78 consented and completed the measures (50%). 76% had moderate to severe mental health symptoms, 12% were drinking at risky levels, 94% had likely PTSD, 87% had poor quality of life scores; 26% had a drug problem and 44% had possible personality disorder.

Using the national data from routine attendance, national incidence was estimated.

Discussion

High levels of significant mental health and drugs/alcohol issues were identified using the screening tools. This was a safe and efficient method of screening and by reviewing responses, the researchers were able to undertake welfare reviews over the phone and if need be, refer the person to their primary care provider)or other relevant health care provider) for additional assessment and support. Most of the participants would potentially benefit from a referral to a mental health or drug/alcohol treatment provider. The limitations of the study including impact of covid 19 on recruitment will also be discussed as well as the implications for practice and research.

4040

Psychological distress in the general population during the Covid-19 pandemic in France and Belgium

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Background and objectives

France and Belgium were among the countries most affected by the first wave of the Covid-19 pandemic that hit Europe in 2020. The combination of possible exposition to a potentially lethal virus, social isolation brought on or exacerbated by lockdown measures and reduced economic activities threatening the living standard of households was likely to trigger psychological distress, as demonstrated by previous research. However, little is known regarding the persisting nature of these effects. We therefore aimed at assessing psychological distress in the general population of two neighboring countries, with varying stringency of lockdown measures, during the first wave of the Covid-19 pandemic, its evolution over time, and associated factors.

Methods

A longitudinal internet survey was carried out in a sample of the Belgian and French population living in standard households at the beginning of the first lockdown (March-April 2020) and after it was lifted (June 2020). An ad hoc questionnaire was developed and relied on the use of standardized measurement instruments, including the 12-item General Health Questionnaire (GHQ-12) for psychological distress and the Oslo social support scale and 3-item loneliness scale for social isolation. The evolution of psychological distress was measured by comparing the GHQ-12 scores after and during lockdown, and multinomial logistic regressions were carried out to identify factors (including potential exposition to Covid-19, evolution of social isolation and financial resources) associated with improved, stable or deteriorated mental health over time.

Findings and perspectives

A significant decrease in the share of the surveyed population experiencing psychological distress was observed between the beginning of the first lockdown measures and after they were lifted in both countries. These evolutions were strongly associated with the resumption of social activities. Men and older individuals presented a more stable psychological state and therefore appeared less sensitive to the pandemic and associated lockdown measures, contrary to women and younger individuals who were more likely to both have improved and deteriorated mental health over time. Finally, our research underscored at-risk groups, including people living with chronic disorders and those who faced financial hardships during the pandemic, who experienced a deterioration of their mental health even after lockdown measures were lifted. Our findings provide evidence on the mental health impact of lock-down measures in two different national contexts and advocate for a better consideration of this dimension of health in a context of resumption of the pandemic which may call for new policy actions.

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Effects of the TREAT computerized decision tool on treatment of psychosis

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Background: Many people with psychotic disorders have care needs that remain untreated. Treatment E-Assist (TREAT) is a computerized clinical decision aid for treatment of psychotic disorders. TREAT combines the care needs that are identified during routine outcome monitoring (ROM) screenings with current treatment guidelines, to provide patients and their clinicians with personalized treatment recommendations. We examine the effects of TREAT on shared decision making, number of discussed care needs and evidence-based treatment decisions.

Methods: A total of 187 patients, diagnosed with a psychotic disorder, from four Dutch mental healthcare institutions participated in this study. Clinicians provided treatment as usual (TAU1 or TAU2) or worked with TREAT. Scores on the Decisional Conflict Scale (score: 0-100) were used to measure shared decision-making. Scores on the modified Clinical Decision-making in Routine Care questionnaire were combined with psychiatric, somatic social wellbeing related care needs identified with routine outcome monitoring scores as input for clinical decision-making. A multilevel analysis was used to compare shared decision making,the number of discussed care needs and evidence-based treatment decisions made for those needs between both TAU conditions and TREAT.

Results: High levels of shared decision-making were found in the TAU1 (M = 27.6), TREAT (M=28.2) and TAU3 condition (M = 26.7). A linear mixed model analysis showed no significant effect of TREAT on shared decision-making ($p>0.05$).Linear mixed model analysis did show a significant increase in the percentage of discussed care needs in the TREAT condition compared to TAU1 and TAU2 ($\beta=20.2$, SE=5.2, $p<0.01$ & $\beta=15.8$, SE=5.4, $p=0.01$, resp.). Furthermore, a significant increase in the percentage of evidence-based treatments decisions for care needs was observed in the TREAT condition compared to TAU1 and TAU2 ($\beta=16.7$, SE=4.8, $p<0.01$ & $\beta=16.0$, SE=5.1, $p=0.01$, resp.).

Conclusion: The use of TREAT improved discussion about somatic issues and social well-being- related topics in particular. It also increased the number of evidence-based treatment decisions for care needs that are sometimes overlooked and notoriously difficult to treat. Our findings suggest that continued use of TREAT helps to make sense of ROM data and improves guideline-informed care in routine clinical practice. Although we found no effects of TREAT on shared decision-making, it is noteworthty that shared decision-making levels were already very high in our sample and therefore not much improvement could be achieved.

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Mental health of the population during the COVID-19 pandemic : individual and group vulnerabilities

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Purpose: The Covid-19 pandemic affected the mental health of the general population at large. However, longitudinal studies indicate that effects were not stable over time. Psychological distress is likely to be affected by (1) the dynamic of the pandemic and policy measures, (2) individual characteristics, and (3) group vulnerabilities. We measured the extent to which these three factors affected psychological distress in Belgium.

Methods: Four study waves of a longitudinal survey were conducted with the general population in Belgium between March and November 2020. 6,339 individuals participated in all four waves. Psychological distress was measured using the GHQ-12. Covariates include socio-demographics, employment status, level of education, housing status, exposure to the Covid-19, loneliness, and quality of life. A multilevel analysis was conducted in order to examine the relationship between psychological distress and the indicators related to the three abovementioned factors. This analysis allowed breaking down changes in psychological distress into three sources: (a) the variation linked to the temporality of the pandemic (four study waves), (b) intra-individual variation (linked to change in personal characteristics such as isolation or exposure to COVID-19), and (c) inter-individual variation (linked to group characteristics such as age, gender, and social situation).

Results: 48% of respondents had psychological distress in March 2020. It decreased to 32% in June and increased again to 47% in November. 27% of the respondents never reached the threshold of psychological distress, whilst 15% of the respondents were in a situation of psychological distress during all the four study waves Individual characteristics accounted for 47% in change and group characteristics for 46%. The dynamic of the pandemic only accounted for 3% of the variance. Women and young people experienced more occurrences of psychological distress across study waves With regard to intra-individual factors, 24% of the differences in psychological distress can be explained by isolation, low social support, and low frequency of activities, whereas exposure to COVID-19 only explains less than 1% of the changes.

Discussion: A significant part of change in psychological distress is related to individual and group characteristics and not to the pandemic. Therefore, policy measures to control the epidemic need to be more targeted at specific group and individual vulnerabilities, and less at the dynamic of the pandemic, in order to decrease negative impact on mental health.

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The mental health burden of Long COVID: a longitudinal cohort study

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Purpose:

While since the onset of the COVID-19 pandemic, most research has focused on the direct and indirect consequences of acute symptoms of COVID-19, some people tend to experience symptoms more than 3 months after infection, that is, long COVID. Long COVID is becoming a significant public health issue as it impacts the physical and mental health of individuals. The goals of this study were (1) to compare the prevalence of anxiety and depression between people with long COVID and those who recover from COVID-19 after 3 months and (2) to identify predictors of anxiety and depression among people with long COVID.

Methods:

This study is a longitudinal on-line cohort study organised between April 2021 and December 2021. Inclusion criteria were people aged 18 years and older, living in Belgium, with a recent COVID-19 infection confirmed via a molecular test. The study included two online questionnaires: a baseline questionnaire to assess the health status during the acute phase of the infection, and a follow-up questionnaire sent three months later. Anxiety and depression were assessed at the two stages of the study usingthe GAD-7 (Generalized Anxiety Disorder) and the PHQ-9 (Patient Health Questionnaire).

Results :

A total of 3,672 participants were followed three months after their COVID-19 infection. This study found that 48% of the participants had a long COVID three months after their COVID-19 infection (i.e. report at least one symptom of their COVID-19 infection three months after it). Three months after infection, people with long COVID had a significantly higher risk of anxiety (RR=2.15, CI95% 1.9-2.4, p=0.002) and depression (RR=2.31, CI95% 2.0-2.6, p=0.001) compared to people recovered from COVID-19. The proportions of anxiety and depressive disorders were 12% and 18% in people with long COVID, compared to 4% and 5% in others. In people with long COVID, women, people with lower education, people with a history of chronic illness, and people with more symptoms in the acute phase of infection had a significantly higher likelihood of anxiety and depression.

Discussion:

This study was designed to provide timely information and long term impact of a COVID-19 infection on mental health. Three months after a COVID-19 infection, about one in two people suffer from long COVID with significant consequences for their anxiety and depression. This emerging health issue must therefore be taken into account in the organisation of care and mental health care.

4044

Individual and collective trauma on the example of the Yazidis after the genocide by IS terror

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After the attack of the terrorist organization ISIS in 2014 and the systematic attempt to destroy the religious group of the Yazidi, the topic of transgenerational, collective and individual trauma has become a focus of attention in regard to this group. Since the Yazidi have been victims of 74 genocidal attempts for more than 800 years, the theory and discussion of group and Transgenerational Trauma models will be important for both research and long-term treatment planning. In general, models rest on the assumption that some ethnic and religious groups have in the past been exposed to mass trauma as a re-sult of colonialism, slavery, war and gen-ocide over longer historical periods. Due to collective traumatic expe-riences, the secondary and subsequent generations have passed on the trauma of their forbears to the following gener-ations and, in doing so, repeatedly trans-formed it. Being passed down between generations, this traumatic experience is a trauma shared by all members of a group and made up of elements from the past and of the present. Even sev-eral generations after the original trauma, an increased level of psychological symptoms have been observed, though mechanisms of impact have not been identified with certainty in spite of numerous proposed models, including, most recently, epigenetic mechanisms. A proper understanding of the way transgenerational trauma can affect the present psychic health of ethnic or re-ligious collectives may help to identify new paths to explore and new in-sights on how best to provide effective treatment for psychic traumas in groups exposed to repeated and severe violence and persecution.Our article aims at summarizing the different aspects and models of transgenerational transmission of trauma and their potential application to the Yazidi genocide, resulting treatment needs, and propose the category of genocidal environment to describe this and similar situations that are becoming more frequent in spite of comprehensive international human rights standards.

4045

Posttraumatic Growth in people with serious mental illness

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Recent research has shown high rates of exposure to trauma among people with serious mental illness (SMI). In addition, studies suggest that psychosis and mental illness-related experiences can be extremely traumatic. While some individuals develop full blown PTSD related to these experiences, it has been noted that some may also experience posttraumatic growth (PTG). However, few studies have examined PTG as a possible outcome in people who have experienced psychosis. The current abstract integrates the findings of a large quantitative study (which was also published in three papers in high impact factor journals) conducted in 121 participants with SMI and psychosis in order to further understand the relationships between psychosis and PTG. Participants were recruited from community mental health rehabilitation centers and administered trauma and psychiatric questionnaires. Results indicated high levels of traumatic exposure in the sample. In addition, we observed that people who endured psychosis can experience PTG, and that PTG is mediated by meaning making, coping self-efficacy (CSE) appraisal, and high levels of core beliefs destruction. Psychotic symptoms were found to be a major obstacle to meaning making, CSE, and PTG, whereas negative symptoms were found to be significantly related to PTG when mediated by meaning making and CSE.

Our research provides preliminary evidence for potential role of meaning making and CSE as mediators of PTG in the clinical, highly traumatized population of people with SMI who have experienced psychosis. In addition, our findings have both research as well as clinical practice relevance for the field of psychiatric rehabilitation and for person centered care in psychiatry, as will be discussed in depth in the proposed oral presentation.

4046

A Qualitative Evaluation of the Effects of SCIT Versus TAFT Among Persons With SMI

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Background. Growing appreciation of the impact of social cognition deficits on social functioning among people with Serious Mental Illness (SMI) has led to the development of interventions that target them. **Aims:** the purpose of the present study was to conduct a qualitative analysis of the effectiveness of two group interventions, social cognition and interaction therapy (SCIT) and therapeutic alliance focused therapy (TAFT), and to explore the processes and factors that contribute to the SCIT and TAFT outcomes. **Method:** 32 participants (16 participants from each group) were interviewed after completing the interventions. Content analysis based on grounded theory was conducted by two psychologists. **Results:** The majority of participants experienced the intervention they completed as beneficial. The completers attributed the positive changes to several factors including professional information, therapeutic alliance and their own agency. Comparison of the two groups revealed that SCIT completers were more likely to report changes in their experience of self and in their daily coping, while TAFT completers were more likely to report changes in the way they felt.Although not the majority, five completers from each group reported a positive change in their interpersonal relationships. **Conclusions:**Integrative and flexible approaches to psychotherapy, which combine common factors and elicit health including actions, are important in order to improve social cognition deficits among people with SMI.

4047

The impact of the COVID-19 pandemic on adults with a SMI living in supported accommodation services

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Aim. To assess the impact of the COVID-19 pandemic on social participation, social inclusion and mental well-being in adults with a serious mental illness living in supported accommodation services using pre-pandemic data

Methods. A small group of adults with a serious mental illness living in supported accommodation services (n=27) was interviewed prior to the beginning of the pandemic and then followed up in April 2020, i.e. four weeks after the start of first strict lockdown restrictions, as well as in July 2020 when most restrictions that applied during the first follow-up had already been largely relaxed. Parameters of interest were assessed using the Measure of Participation and Social Inclusion for Use in People with a Chronic Mental Disorder (FINK) and the Brief Symptom Inventory (BSI-18).

Results. Across all surveys, study participants carried out 31 out of 32 solo activities with unchanged frequency. The overall level of participation, as measured by the "participation module" of the FINK, did not change, and feelings of inclusion, measured by the "inclusion module" of the FINK, remained at a constant level. Furthermore, participants reported unchanged mental health states in the week before the first follow-up survey and in the week before the second follow-up survey.

Conclusion. The main finding of this small study is that social participation opportunities for individuals with chronic mental disorders living in supported accommodation services are fundamentally strongly limited, regardless of lockdown restrictions or physical distancing policies. Further efforts to improve social participation and inclusion opportunities ae urgently needed to rectify this.

4048

Symposium abstract Nowadays mental health community arrangements across Europe

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The deinstitutionalization movement led to a more pluriform mental healthcare landscape internationally over the last four decades. For persons experiencing enduring mental health problems, traditional treatment in hospitals has been enriched with a growing number of community alternatives. These include the comprehensive, multidisciplinary programs as ACT and CMHT, supported housing facilities, and rehabilitation approaches. And from more recent date, the role of peer experience grow, leading to peer to peer and empowerment initiatives, including recovery colleges, self-management courses, and emancipating resource group and dialogue approaches. Currently, the focus on citizenship and human rights is increasing as leading principles in mental healthcare. Housing first, Individual Placement and Support, destigmatizing programs and life style interventions were developed and gaining popularity to strengthen the social inclusion and empowerment. As a consequence, also the need for broadening the mental health support network, sharing responsibilities and working with additional disciplines in community mental health is increasingly recognized.

According to the European Community Mental Health Services Provider (EUCOMS) Network high quality community-based mental health care should contain the following key principles: 1) protects human rights; 2) has a public health focus; 3) supports service users in their recovery journey; 4) makes use of effective interventions based on evidence and client goals; 5) promotes a wide network of support in the community and; 6) makes use of peer expertise in service design and delivery.

From this perspective, community mental health care should be fully serviced, and integrated, with a mental as well as public health focus, including social and employment services. In this symposium, four studies across Europe are presented that looked into nowadays mental health community arrangements. These studies provide four European innovative initiatives that bring the new vision on mental health into practice, with the aim contributing to the further improvement of recovery and social inclusion of persons with enduring and disrupting mental health problems.

4049

Recovery at home: a scoping review about integrated community mental health care for people with SMI

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For the last three decades, there has been a paradigm shift in mental health care with a focus on rehabilitation, empowerment, autonomy, and decision-making power as leading principles. Several community-based mental health care programs and services have been developed in Europe for people with SMI. These people have the wish to live more independently with intensive home-based support. At present, the current community mental health care is being further developed into more integrated support at home with 24/7 guidance on demand. We aimed to provide a comprehensive overview of the current knowledge on full service and integrated community-based support, and rehabilitation for people with SMI and to discover the knowledge gaps. We conducted a scoping review by systematic searching four databases supplemented with hand-searching in reference lists and ten volumes of two important journals. The research team also included 4 important papers which couldn't be found by our research terms. We included studies published from 2011 until 2021 in English, in peer-reviewed journals, on adults with severe mental illness with the focus on stimulating independent living, integrated care, recovery, and social inclusion. The search resulted in 54 articles which could be classified into 5 categories: Contemporary Approaches & Recommendations in Community Care, Integration of Physical Health in Mental Health, Working in the Triad, Multidisciplinary & Collaborative Teams, and Models of Integrated Care. Peer expertise, technology & eHealth, recovery, reduction of stigma and physical health are important elements for an integrated community mental health care model. Therefore, multidisciplinary teams with nurses, occupational therapists and peer expertise are recommended. The research in this area is still limited and fragmented. Inconsistent use of the terms 'severe mental illness' and 'supported accommodation' made it difficult to compare the included articles. Further research is necessary to find the ingredients for an integrated community mental health care approach for people with SMI.

4050

An activity-based intervention in SH: longitudinal pilot study of staff & resident perceptions

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Little opportunities for activity are offered to people with psychiatric disabilities living in supported housing (SH) facilities. Testing a new way to promote engagement in activity and to enhance recovery and wellbeing is warranted in SH. The aim was to investigate how residents perceived an occupational therapy led intervention, termed Active in My Home (AiMH), containing five individual and three group sessions for residents. SH staff operated as supporters and was offered three workshops in how to enhance meaningful everyday activity and personal recovery. Two studies are combined in this presentation.

First the un-controlled quantitative study had three measurement points – before (T1), at completion (T2), and 6-9 months after completion of AiMH (T3) including 43 staff members and 29 AiMH participants. The data collection was based on self-report questionnaires addressing perceptions of satisfaction, meaningfulness, and recovery-oriented support. Second, a qualitative study were 20 agreed and 16 participants completed an interview either at T2 or T3.

The residents' satisfaction with the SH did not change over the study period from T1 to T3 (p=0.544); nor did the participants' perceived recovery-oriented support from the AiMH supporter (p=0.235). However, satisfaction was rated high (at 75% of the maximum score) at both T1 and T3. Both participants and staff satisfaction scores at T2 differed regarding general satisfaction (p=0.008), staff scoring higher. However, no differences were found regarding satisfaction with individual sessions, group sessions, or the support of activity received or given (p-values 0.062 – 0.836). The staff rated the SH unit's provision of meaningful activities higher than the AIMH participants at T2 (p=0.029) but not at T1 (p=0.226) or T3 (p=0.499).Findings from the qualitative interviews show that *The opportunity to take a course shows that people care – it was a privilege, gave positive attention and self-confidence*was a main message from the participants. *The course changed staff attitude* and gave*Significant experiences of the various course elements* such as eg. being allowed to dream and to aspire new goals. *The course brought change in everyday life* by encouraging participants to prioritize things they wanted to do and *Enabled contact with others in a positive way.*

These two studies have offered insight into of how staff and AiMH participants perceived the AiMH intervention.Moreover, bring forth ideas for how to better support engagement in meaningful activity and to support recovery-oriented practice in SH for people with psychiatric disabilities.

4051

Supported housing, citizenship, and recovery

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Recovery is a personal and social process in everyday life. For persons with co-occurring substance use and mental health problems who live in supported housing, the apartment and the housing site may be central everyday contexts. Furthermore, the wider community setting may also be of importance for recovery. However, despite increased emphasis on recovery and although many persons with co-occurring problems reside in supported housing, few studies have examined satisfaction with issues in supported housing and perceived access to citizenship, and the way in which such factors may relate to experienced recovery. To address this knowledge gap, a cross-sectional approach was used with a sample of 104 residents at 21 municipal supported housing sites across six Norwegian cities (Nesse et al., 2020; Nesse et al., 2021). Participants completed self-report questionnaires measuring recovery, quality of life, issues in supported housing (staff support, housing satisfaction, and sense of home), and citizenship (e.g. connectedness, community participation, civil rights). The associations between different domains of citizenship, issues in supported housing, and recovery, were examined using linear regression analyses. Significant, positive associations were found between most issues in supported housing, citizenship, and recovery, implying that matters within the supported housing context, as well as in the community context, are of relevance for the recovery among residents with co-occurring problems. The implications of the results for the delivery of supported housing services and social inclusion in the community will be discussed.

4052

Perceptions of a collection of recovery narratives from two clinical trials of the NEON Intervention

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Introduction

The Narrative Experiences Online (NEON) Intervention enables access to the NEON Collection of more than 600 mental health recovery narratives. The NEON Intervention has been developed to support people in their recovery from mental health problems, informed by the NEON Impact Model which describes how recovery narratives can create change [https://doi.org/10.2196/24417]. A process evaluation has characterised the experience of engaging with the NEON Collection through the NEON Intervention in two clinical trials: the NEON Trial (experience of self-rated psychosis, ISRCTN11152837); the NEON-O Trial (experience of non-psychosis mental health problems, ISRCTN63197153).

Objectives

To assess trial participants’ perceptions of the NEON Collection as accessed through the NEON Intervention

Methods

Semi-structured interviews were conducted with a minimum of 80 NEON Trial and NEON-O Trial participants, as described in the trial protocol [https://doi.org/10.1186/s13063-020-04428-6]. The topic guide supported participants to reflect on their year-long experience of accessing the NEON Collection through the NEON Intervention. Inductive thematic analysis in NVivo was used to identify how participants experienced the NEON Intervention and the NEON Collection.

Results

The first narrative received by some participants shaped their perceptions of the NEON Collection, including expectations of the formats available in the wider collection. Being presented by a large and diverse collection of recovery narratives, rather than an individual recovery narrative, made it easier for a participant to compare their own story to others, to find a variety of experiences, and to access minority perspectives. However, having access to a large number of narratives was overwhelming for some. Most participants could identify the characteristics of a *Desired Story* they wished to find in the NEON Collection, typically describing a narrative with characteristics thought likely to help them in their recovery, but occasionally describing narratives that might provide benefits by distracting them. The *Desired Story* was often described as one that could be perceived as authentic through how it presented narrator experiences, and which engaged with the complex reality of mental health difficulties. Some (but not all) participants indicated that the *Desired Story* should be matched to them on narrator gender or diagnosis, and some indicated its characteristics could change substantially depending upon their current mental state.

Conclusions

Interventions providing access to recovery narratives might attend to users’ evolving perceptions of the ideal narrative and use this to match people to narratives. The collective characteristics of collections of recovery narratives should be clearly presented to users to facilitate optimal benefit.

4053

1: The Recovery Colleges Characterisation and Testing (RECOLLECT) Programme: building the evidence

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[RECOLLECT symposium talk 1]

Introduction:
Recovery Colleges are a relatively recent initiative within mental health services. They are based on principles of personal recovery in mental health, co-production between people with lived experience of mental health problems and professionals, and adult learning. There is evidence of impact on student outcomes in academic literature, but existing studies are limited to a few Recovery College sites. Previously we developed a Recovery College fidelity measure and a preliminary RECOLLECT change model identifying the mechanisms of change and outcomes for service user students. The aim of RECOLLECT is to determine the effectiveness and cost-effectiveness of Recovery Colleges, and identify organisational influences on fidelity and improvements in mental health outcomes.

Methods
RECOLLECT comprises i) England-wide and international surveys of Recovery Colleges and interviews with Recovery College Managers, ii) a prospective cohort study to establish the relationship between fidelity and psychosocial outcomes, iii) a prospective controlled cohort study to investigate effectiveness and cost-effectiveness, iv) a retrospective controlled cohort study to determine the relationship between Recovery College use and outcomes and mental health service use, and v) organisational case studies to establish the contextual and organisational factors influencing fidelity and outcomes. The programme has been developed with input from individuals who have lived experience of mental health problems. A Lived Experience Advisory Panel is providing input into all stages of the research.

Discussion
RECOLLECT will provide the first rigorous evidence on the effectiveness and cost effectiveness of Recovery Colleges, to inform their prioritising, commissioning, and running. The RECOLLECT change model will confirm the active components of Recovery Colleges. The fidelity measure and evidence about the fidelity-outcome relationship will provide an empirically-based approach to develop Recovery Colleges to maximise benefits for students. Findings will be disseminated through the study website (researchintorecovery.com/recollect) and via national and international Recovery College networks to maximise impact and shape policy on how Recovery Colleges can help those with mental health problems lead empowered, meaningful and fulfilling lives.

4054

2: National survey of English Recovery Colleges to establish characteristics, fidelity, and funding

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[RECOLLECT symposium talk 2]

Introduction:
Recovery Colleges are rapidly expanding across England but there is a wide variation in their organisational characteristics, such as their size, funding and workforce. There is also little information on costs per student or per course. Previous research has developed a fidelity measure but Recovery Colleges' adherence to fidelity has not been investigated on a national scale. The aim of this study is to investigate the organisational characteristics of Recovery College across England, establish their unit costs, and explore factors related to fidelity and funding.

Methods: Recovery Colleges in England meeting criteria related to personal recovery orientation, coproduction and adult learning were included. Recovery College managers at each eligible site were sent a personalised survey link and asked to complete screening questions and if eligible, the survey, which included organisational characteristics, the Recovery College fidelity measure, and running costs.

Results: Overall, 63 (72%) of 88 Recovery Colleges in England completed the survey. Cluster analysis revealed three distinct groups of Recovery Colleges in England. Results will be presented on the characteristics of these clusters, as well as exploring factors that predict fidelity and funding.

Conclusions: Understanding cluster characteristics will allow us to explore how these relate to student outcomes and inform refinement of the RECOLLECT Fidelity Measure for Recovery Colleges. Factors which predict fidelity and funding will inform future Recovery College developments.

4055

3: The impact of COVID-19 on Recovery Colleges across England: qualitative study

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[RECOLLECT symposium talk 3]

Introduction:
The Covid-19 pandemic caused widespread disruption to daily living, through lockdowns and social distancing. Recovery Colleges were not exempt from this with courses being moved online and some staff affiliated to NHS Trusts being redeployed. The aim of this study is to explore how Recovery Colleges in England responded to the pandemic.

Methods: All managers who took part in the RECOLLECT national survey in England were invited to take part in an online interview. The topic guide covered the following areas a) how the Recovery College ran prior to the pandemic, b) Modifications implemented as a result from the pandemic, and c) what modifications Recovery Colleges plan to keep, once the pandemic has passed. Collaborative data collection and framework analysis conducted jointly by the research team and the Lived Experience Advisory Panel (LEAP) was used.

Results: Key themes on how Recovery Colleges responded to the pandemic will be presented. This will include how the pandemic affected Recovery College fidelity, any positive and negative outcomes both operationally and for staff and students, and which changes Managers intend to keep post pandemic.

Conclusions: The pandemic forced Recovery Colleges to modify current ways of working. Learning from these changes, in terms of perceived positives and negative outcomes, may help Recovery Colleges to offer further types of provision and access different student cohorts.

4056

4. The impact of lived experience on the RECOLLECT programme

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[RECOLLECT symposium talk 4]

Introduction:
Patient and public involvement (PPI) is an important aspect of research but is often not implemented to its full extent. RECOLLECT compromises of a Lived Experience Advisory Panel (LEAP) of 10 individuals, who have been actively involved in the design, collaborative data collection and analysis of interview data, interpretation and feedback on quantitative data, and the dissemination of findings.

A LEAP member will outline their experiences of RECOLLECT after involvement for 18 months, including their previous experiences of Recovery Colleges, why they joined RECOLLECT, and how the LEAP contributes and enhances the programme. Special attention will be paid to reflections on being involved in collaborative data collection and analysis of interviews exploring the impact of Covid-19 on Recovery Colleges. This overview will provide a template to help researchers to fully collaborate with those who have lived experience.

4057

5: Recovery Colleges in 25 countries: findings from a global survey

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[RECOLLECT symposium talk 5]

Introduction:
A global expansion of Recovery Colleges to new countries has occurred over the past two decades. However, there has been little international comparison of their organisational characteristics, economic unit costs, or how they adhere to core Recovery College principles. The aim of this survey was to explore organisational characteristics of Recovery Colleges internationally, establish their unit costs, and explore factors related to fidelity and funding.

Methods: A scoping exercise to identify Recovery Colleges internationally was undertaken, with international collaborators in each country being identified to co-ordinate data collection. Recovery Colleges meeting criteria related to personal recovery orientation, coproduction and adult learning were included. Managers at each eligible site were asked to complete screening questions and, if eligible, the survey of organisational characteristics, the Recovery College fidelity measure, and running costs.

Results: Recovery Colleges in 25 countries have been identified. Unit costs will be presented, as will similarities and differences on fidelity and organisational characteristics. Recovery Colleges outside England will be compared with the cluster analysis of colleges in England, to explore factors that predict fidelity and costs.

Conclusions: This is the first global study of Recovery Colleges. Findings will help individuals, organisations, and Governments wishing to set up and establish Recovery Colleges by providing international unit costs, as well as identifying factors contributing to Recovery College funding and fidelity.

4058

The relationship of national income and health expenditure with antidepressant treatment effects

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Although more and more pharmaceutical trials have been relocated to low and middle income countries in recent decades, there is little evidence regarding the transferability of trial outcomes across countries. We analysed randomised controlled trials (RCTs) of duloxetine conducted in different countries to investigate whether per capita gross national income (GNI) and healthcare expenditure (HE) are associated with pre-post treatment changes of depression severity and differences in duloxetine-placebo effect sizes.

For our meta-analyses of 23 trials (including 8417 randomized participants), individual participant data (IPD) from multi-centre RCTs investigating duloxetine efficacy in patients with depression were provided by the manufacturer. A meta-regression approach was applied to analyse associations of GNI and HE with standardised pre-post mean change using raw score standardisation (SMCR) and comparative effect size, i.e. the mean differences (MD) in pre-post effect size between duloxetine and placebo treatment.

Regression coefficients indicated a negative linear relationship of SMCR with GNI and HE for participants treated with duloxetine. Similar associations were found for placebo. Neither GNI nor HE was associated with the MD between duloxetine and placebo pre-post differences.

These findings suggest that the higher economic wealth and healthcare infrastructure in the respective country an antidepressant trial was conducted, the weaker is the standardized mean change in depressive symptoms, while the mean difference between duloxetine and placebo was stable independent from trial location.

Our findings challenge the idea of the universal transferability of antidepressant trial outcomes across countries. Understanding the results of antidepressant RCTs demands more sophisticated clarification of context factors involved in determining effectiveness of antidepressant medication. In light of the globalization of clinical trials, this should be discussed with a view to socio-economic context in their countries of origin.

4059

Core Skills in the Effective Treatment of Complex Trauma

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Underlying the methods of treating complex trauma is a core set of fundamental skills that could determine clinicians' effectiveness. This oral presentation will explore these clinical skills that transcend theoretical paradigms of trauma treatment.

Firstly, we'll look at the therapist's ability to monitor and respond to the client's moment to moment experience of trauma.

Secondly, we will consider the therapist's ability to rise to the challenge of negotiating with different parts of the client's self that can be activated without warning adding increased intensity of emotion and confusion for the client.

Thirdly, we will look at a therapist's ability to work with the profound sense of isolation and aloneness that lies at the trauma's core, combating these feelings to help establish a secure therapeutic bond.

Fourthly, we'll examine the therapist's ability to access and develop methods to help clients rediscover their strengths and develop their innate ability to be resilient.

4060

Integrating Meta-Therapeutic Processing in the Treatment of Complex Trauma

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Meta-Therapeutic Processing (MTP) is an essential skill in working with survivors of complex trauma. MTP is a process of therapy in which the experience of being in a therapeutic relationship becomes the focus of inquiry allowing for a deeper and broader therapeutic experience. The concepts of MTP can be adapted into the treatment of trauma because it allows for the moment to moment tracking and exploration of phenomena associated with trauma as well as the examination of phenomenological aspects of effective transformation experiences that take place in the treatment of trauma. Both of these are effective skills for the treatment of trauma.

In addition, MTP also targets repairing relational pathology in providing a corrective emotional experience to reach a felt sense of earned secure and a wider window of tolerance to be able to develop skills of auto-regulation.

4061

Mental health in collective, success-driven Japan and individualistic, quality-oriented Netherlands

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Although mental health is a global agenda today, how cultures relate to mental health differently remains to be evaluated. One cultural dimension that can affect mental health is collectivism vs individualism. In collectivistic societies, groups' needs are generally prioritised over individuals', whereas it is the other way around in individualistic societies. Moreover, success-drivenness vs quality-orientation is another dimension that can affect mental health. In success-driven societies, what one has achieved is often more recognised than their quality of life, whereas it is the other way around in quality-oriented societies. This presentation reports a comparative study of employee mental health between Japan and the Netherlands—two countries that share many similarities including socioeconomic statuses, but differ in cultural characteristics: collectivistic, success-driven Japan vs individualistic, quality-oriented Netherlands.

A cross-sectional design was employed. Convenience samples of 165 Japanese and 160 Dutch workers completed self-report measures about mental health problems, shame towards mental health problems, self-compassion, engagement and motivation. T-tests, correlation and regression analyses were conducted to compare (1) the levels of these variables, (2) relationships among these variables, and (3) predictors of mental health problems, between the two workforces.

Dutch workers had higher levels of mental health problems, engagement and intrinsic motivation, and lower levels of shame and amotivation than Japanese workers. Mental health problems were associated with shame in both samples. Mental health problems were negatively predicted by self-compassion in Japanese, and by engagement in Dutch employees.

Japanese collectivism might help explain the heightened level of mental health shame in Japanese workers relative to Dutch counterparts, as shame relates to a perception from the group they belong to. Likewise, the quality-orientation of the Dutch culture might help explain the higher level of intrinsic motivation than Japanese workers. Moreover, the Dutch workers' higher levels of mental health problems than Japanese workers suggests that the response biases (Japanese acquiescent responding vs Dutch self-enhancement) might have been present, considering the greatly higher rates of deaths and cardiovascular diseases from work in Japan than the Netherlands. Cultivating self-compassion may be effective for the mental health of Japanese workers, whereas more intrinsic intervention such as job crafting and enhancing ikigai (meaningfulness in life) may be helpful to protect mental health in Dutch workers. Findings from this study would be particularly useful to employers, managers, and staff in human resources who work with the wellbeing of cross-cultural workforces.

4062

Experiencing sexual and political violence: What coping methods aid to overcome multiple stressors?

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Ongoing exposure to political violence undermines the basic sense of one's personal security and increases the danger of developing post-traumatic symptoms. However, exposure to political violence does not necessarily lead to mental distress. In fact, most evidence suggest that the majority of individuals do not develop major mental health morbidities, implying resiliency which can moderate pathological reactions. Nevertheless, for those who experienced a threat to their personal security such as sexual abuse, the horror of political terror may be added to their traumatic memory and may increase the risk of reliving it.
This study deals with the question:Which coping mechanisms aid to overcome multiple stressors among women who have experienced sexual abuseand are currently living in conflict-affected communities.
Expressions of distress and sources of resilience will be explored among three study groups: 1) Women who have experienced sexual abuse and are exposed to ongoing political conflict; 2) women who have experienced sexual abuse and are not exposed to ongoing political conflict; and 3) women who have not experienced sexual abuse but are exposed to ongoing political conflict.
Data will be analyzed within the prism of: a) the salutogenic model that puts an emphasis on factors that actively promote health and the ability of the individual to cope with stress; b) the ecological theory, focusing on the social environments and their role in coping with stress.
The sample will include 100 women from each of the above described groups (total of 300 participants).
After receiving ethical approval, a survey using self-report questionnaires will assess: sociodemographic traits; levels and characteristics of exposure to political violence and sexual abuse; personal resilience (Sense of Coherence [SOC]), and community resilience (**Conjoint Community Resiliency Assessment Measure** [CCRAM-10]); institutional trust; the presence and severity of distress symptoms (PTSD Checklist [PCL-5]) and a Mental Health Screening Test (MHI-5).
The current presentation will detail the model in which we will examine how the characteristics of experiencing sexual abuse, the degree of exposure to ongoing political violence, and resilience resources explain psychological distress and support optimal coping.
The importance of the present study lies in its potential to shed light on the expressions of distress and resilience among women who are at the intersection of experiencing both personal and collective stressful experiences through their life course. This study has the potential to expand the existing knowledge regarding the ramifications and consequences of the intersection between multiple stressors.

4063

Independent supported housing – Non-inferiority randomized controlled trial and observational study

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Independent supported housing (ISH) has been introduced recently as an alternative to residential care for non-homeless people with mental health problems in Switzerland. While the service users' preferences are highly in favour of ISH, it is not yet clear whether ISH provides similar social and health-related outcomes as treatment as usual (TAU) care. In terms of research, no randomized controlled trial (RCT) has yet been conducted with non-homeless individuals. As RCTs are difficult to conduct for housing research, we additionally analyzed whether an observational study design (OSD) may provide similar evidence-based results as an RCT with this population.

A four-arm non-inferiority trial was conducted in the Swiss cities of Zurich and Bern that compared (1) ISH versus TAU settings and (2) the RCT results with the OSD results.

Methods: In the Zurich RCT, 62 study participants were randomly allocated to the two study arms. In the Bern OSD, 31 study participants entered the ISH arm, while 52 were included into the TAU arm. Study participants were extensively interviewed four times over two years. Social inclusion, measured by the Social Functioning Scale, was primary outcome. Inverse probability in treatment weighting (IPTW) was used for the OSD to ensure propensity score matching. Intention-to-treat and per-protocol analyses were conducted.

Due to cross-over and attrition effects in the RCT-TAU condition, reliable analyses and comparisons between settings as well as between study methodologies were possible only after one year. Using IPTW propensity methodology, the RCT study characteristics could be reliably reproduced with the OSD data. Results from both study designs revealed that ISH was not inferior to TAU care settings.

According to our data, Independent Supported Housing for people with mental health problems is – in terms of social and health-related characteristics – a clear alternative to residential care settings. As service users predominantly prefer ISH to other settings, there is no justification for not providing choice to service users about how and where they want to live. In terms of study methodology, observational study designs enriched by propensity score matching are valid substitutions for randomized controlled trials in housing research for non-homeless people with mental health problems.

4064

Proposal - Supporting recovery in supported housing: Innovations and novel approaches across Europe

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ENMESH 2022: Symposium proposal

Symposium title

Supporting recovery in supported housing: Innovations and novel approaches across Europe

Introduction

Although definitions vary, ‘supported housing’ generally refers to any service that provides housing and support to mental health service-users living in the community. These services can range from highly supported settings, with staff onsite 24-hours per day, through to services where visiting staff provide low-intensity, occasional support to people living in their own homes. Although variation exists in service design, supported housing services across Europe share a central aim: to support the personal, social and functional recovery of service users.

Interventions to support service user recovery in these settings are varied and may target staff practice, service-level partnerships and service user employment, meaingful activity and social inclusion. Many innovative approaches are locally developed and contextually driven, presenting an obstacle to sharing examples of best-practice between European researchers. The current symposium aims to provide a forum to present a diverse set of supported housing-specific interventions, alongside outcome data and critical reflections on implementation challenges and adaptations.

Objectives

The current symposium will present recent, innovative approaches to supporting service user recovery in supported housing settings, developed by researchers across a number European countries. The session aims to provide a snapshot of recent innovations in this sector, highlighting creative, contextually driven approaches. All speakers are members of the SHARE network – a newly established research collaborative, dedicated to promoting high-quality research into the design and delivery of supported housing services across Europe.

Contributions

Examples of novel approaches will include a service-level toolkit, developed in the UK, designed to optimise recovery-oriented practice in frontline staff, a supported employment intervention embedded within supported housing services in The Netherlands, a new model of integrated rehabilitation, targeting meaningful activity and participation, developed in Sweden, and a social enterprise intervention, designed to facilitate employment and support personal recovery amongst service users in Italy.

Chair

Prof. Dirk Richter (Center for Psychiatric Rehabilitation, Bern University Hospital for Mental Health, Bern, Switzerland)

Speakers

Abstract 1: Dr Peter McPherson (UCL, England)
Abstract 2: Dr Diana Roeg (Tilburg University, The Netherlands)
Abstract 3: Dr Maria Lindström (Umeå, Sweden)
Abstract 4: Dr Alessandra Martinelli (University of Verona, Italy)

Note: Abstracts for individual presentations are sumitted separately.

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Recovery-oriented practice in supported housing: Development of a service-level intervention

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Background

Recovery-oriented practice is associated with positive service user outcomes in supported housing settings, however few evidence-based interventions, designed to facilitate this form of support, currently exist. The current project aims to develop and evaluate a stakeholder-informed, service-level intervention designed to support recovery-oriented practice in UK supported housing services.

Method

The project was designed according to the Medical Research Council (MRC) guidelines on Developing and Evaluating Complex Interventions, and consists of multiple work packages. Initial evidence synthesis and theory development was informed by a series of systematic reviews, stakeholder interviews, focus groups, and a ‘Theory of Change’ (ToC) workshop. Intervention development was driven by a Stakeholder Working Group (SWG), comprised of frontline staff, service managers, learning and development specialists and service user representatives. The content and structure of the toolkit was developed iteratively, with consensus established via regular meetings. Final revisions to the intervention will be made in Q1 2022, based on feedback from service providers, frontline staff and service users.

Results

A comprehensive systematic review found limited evidence supporting the efficacy of ‘recovery training’ for mental health staff; data showed inconsistent (and generally non-significant) effects on staff knowledge and behaviour, and service user outcomes. Data derived from interviews and focus groups with key stakeholders suggested that structural issues, rather than staff skill deficits, were the primary barriers to delivery of recovery-oriented support. Combined, these findings suggested that a staff training intervention would be insufficient to support recovery-oriented practice in these settings. A preliminary ToC map, developed stakeholders during the ToC workshop, identified four key intermediate outcomes deemed essential for the success of the planned intervention (‘*Improved partnership working*’, ‘*Improved staff support skills’, ‘Increased role-related knowledge*’ and ‘*Staff feeling valued and supported*’). Using the ToC map as a framework, the SWG developed an interactive ‘toolkit-style’ intervention, designed for use by supported housing service managers; the ‘toolkit’ comprises of 22 discrete, recovery-focussed subjects/interventions, organised across three modules.

Conclusion

The current project produced a service-level intervention designed to optimise recovery-oriented practice in UK supported housing services. The ‘toolkit’ targets supported housing managers, and provides a flexible, contextually-sensitive method of supporting recovery-oriented support in these settings. Further validation work is required to evaluate the efficacy of the intervention. Strengths and limitations of the research design and final toolkit will be discussed, and a roadmap for evaluation presented.

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IPS in supported housing: Fidelity and employment outcomes over a four year period

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Background

People with severe mental illness have difficulties finding and maintaining competitive employment. This is particularly so for those living in supported housing who, by definition, have significant day-to-day support needs: in the Netherlands only 3 to 5% of people with serious mental health problems who live in supported housing are competitively employed. To support these people in finding and maintaining competitive employment, Individual Placement and Support (IPS) was introduced within supported housing services in the Netherlands in 2015. As this is the first country that broadly implemented IPS in supported housing settings, this paper will focus on the first results regarding feasibility and effects on employment in clients of IPS in this sector.

Methods

We investigated the feasibility and employment outcomes of delivering IPS in supported housing services using fidelity assessments and quarterly employment outcomes on IPS program level within eight supported housing organizations, and compared these with 21 mental health treatment organizations in the Netherlands over a four year period. We investigated possible reasons for our findings and their implications through qualitative evaluations of the IPS fidelity assessors' notes and additional focus groups with IPS specialists and coordinators from supported housing services and fidelity assessors.

Results

The overall fidelity scores indicated reasonable implementation of the IPS model within both supported housing services and mental health services. However, there were differences between services with regard to specific fidelity items; mental health treatment organizations scored higher for team integration, whereas supported housing services scored higher for rapid job search and caseload size, diversity of jobs and employers. Our qualitative data suggested that the difference in team integration between the two sectors was due to differences in their organizational and financial structures, as well as in the specific needs of their clients. Conversely, supported housing services had better connections with employers which facilitated more rapid job searching and greater diversity in employment opportunities. The average total client employment rate did not significantly differ; and was 25.8% per quarter in supported housing services and 29.6% in mental health treatment services.

Conclusion

Implementing IPS in supported housing settings is both feasible and effective.

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’Everyday Life Rehabilitation’: An activity-based intervention for integrated rehabilitation

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Background

Persons with severe psychiatric disabilities (SPD) generally lead sedentary, solitary lives indoors and have significantly poorer health than the general population. Living in sheltered or supported housing facility may further contribute to disability and stigma. Currently, there is a lack of interventions developed for this context. Thus, it is important to develop and test new potentially useful and effective interventions. The Everyday Life Rehabilitation (ELR) model is a flexible, manualized intervention for integrated healthcare-rehabilitation, developed collaboratively by occupational therapists (OT) and housing staff (HS). ELR aims to support personal recovery through meaningful everyday activities, and has been subject to initial feasibility assessment.

The overall aim of the current project is to investigate the effectiveness, cost-effectiveness and usefulness of a person-centered, recovery-oriented, and activity-based intervention (the ELR) for adults with SPD living in sheltered or supported housing facilities.

Method

The project will be carried out over four years, including several intervention studies with effectiveness, cost-effectiveness and usability perspectives.Relevant stakeholders, R&D-units, and user-organizations have been and will be involved in the ELR project at all stages.

For the randomized controlled trial, participants will be block-randomized to receive either ELR plus treatment as usual (TAU), or TAU only, for a control-period. The control-group will receive delayed ELR at a later stage. To facilitate the ELR intervention, professionals (OTs and HS) will receive an ELR-educational package, manuals and relevant tools, as well as collegiate reflection. Housing managers (HM) will receive questions for monthly follow-up, and coaching, with staff. Parallel, qualitative studies and process evaluations will be conducted, to synthesise knowledge on usefulness.

Results

ELR has been developed as an intervention model for collaboration between resident, OT and HS, to challenge the activity/participation imbalance and injustice situation of persons with SPD living in sheltered and supported housing facilities. The feasibility studies on ELR, published between 2011-2017, have shown positive outcomes. The MRC guidelines for complex interventions have been applied in the development process; evidence derived from RCTs and process evaluations is now required to support implementation. As such, we have instigated a pragmatic, cluster RCT, built on a revised manual of the ELR, with additional focus on the role of managers and tools for co-planning.

Conclusion

The current project will generate knowledge regarding what contributes to successful and sustainable recovery-oriented rehabilitative support for persons with SPD; an under-researched, but essential, topic the Swedish health and social care context.

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Supported employment for people with SMI: A pilot study of an Italian social enterprise

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Background

People with mental disorders are far more likely to be unemployed than the general population. Two evidence-based models of interventions for employment for people with severe mental disorders (SMD) are Individual Placement Support and the Clubhouse. In Italy, a common model is the ‘social enterprise’ (SE), which is a programme run by non-profit organisations that help individuals with disabilities to be employed. Despite SEs spread and relevance in Italy, there are no studies about Italian samples. This paper reports on a pilot evaluation of psychosocial and work outcomes of a SE based in Verona, Italy. The study aims to investigate if people with SMD involved in SE job placements may achieve personal recovery and better outcomes over time, and in comparison with a comparable group of users.

Methods

This is a pilot descriptive study with three components. A longitudinal design that comprised a functioning description of 33 SE members with a psychiatric disability in two time-points (when they joined the SE - on average 5 years before the study recruitment, and at the study recruitment - year 2018); a repeated collection of job details of the 33 members in three time points: 2 years before the recruitment, - year 2016; 1 year before the recruitment – year 2017; and at the recruitment - year 2018. An assessment at the recruitment time - year 2018, of SE users’ satisfaction with the job placement, symptoms, functioning, and quality of life (QoL). A cross-sectional study that compared the 33 SE members at the recruitment time - year 2018, with a matched group of people with the following criteria: living in local supported accommodations, being unemployed and not SE members. The two groups were compared on ratings of psychopathology, functioning, and QoL. Descriptive analyses were done.

Results

At the recruitment time, all SE participants showed a significant better functioning ($p<0.001$) than when they joined the SE. In comparison to the matched group, SE members had significantly better functioning ($p=0.001$), psychopathology ($p=0.007$), and QoL ($p=0.034$). According to their SE membership status, participants comprised trainees (21.2%) and employee members (78.8%). Trainees compared to employees had lower autonomies, functioning, QoL and more severe psychopathology. All SE participants reported high levels of satisfaction with all aspects of the job placement.

Conclusions

SE that provides tailored support to assist people to gain employment skills may be an effective component in helping recovery from SMI.

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Peer support and Recovery – a research program in Northern Jutland, Denmark

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Background
Peer support is a collaborative practice, where individuals are employed to make use of their personal experiences as mental health service users to support likeminded. Peer support has been recognized as an important facilitator of personal recovery. Recently, peer support workers have been employed in the Psychiatric Department in Northern Jutland, Denmark. Research with peer support have been conducted in the US and UK in health systems different from the Danish health system, therefore there is a need to explore and generate knowledge and insight on peer support and personal recovery from a Danish healthcare setting. This also supports the lack of a model for peer support in regard to education, function and implementation in Denmark.

Aim
The purpose of this research program is to explore and understand peer support and personal recovery from the perspectives of peer support workers, persons with psychosis and healthcare professionals from F-ACT Teams and hospital wards in Northern Jutland, Denmark, and to draw inferences between the perspectives.

Methods
The overall design is an explorative design using quantitative and qualitative methods with innovative co-design workshops guided by participatory design core principles and consists of four work-packages that addresses the overall purpose.

Results
The results are expected to shed light over the benefits of peer support and to provide recommendations of how to promote a recovery-oriented culture in clinical practice in the treatment and care of persons with psychosis. Additionally, to argue for employment of peer support workers in every ward and outpatient clinic. Furthermore, to contribute to development of a model for peer support to implement in Denmark.

We would be happy to present the research program in more details and elaborate on the work-packages and how inferences will be drawn across.

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Attitudes on recovery and employment of peer workers - perspectives from non-peer professionals

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Background

Values, attitudes and acceptability from healthcare professionals are important factors that promote or impede implementation of new practice. Same factors are essential for implementation and success of peer support in mental health services.

Research has found that non-peer professionals in general have a positive attitude about working with peer support workers, though they have many concerns in the early phase of their work-relationship e.g. the role of the peer worker. Furthermore, that peer support workers have difficulties of integration in teams lacking recovery-oriented culture and in teams where they have to justify their role. The literature on perspectives on peer support and recovery from mental health professionals is still sparse, however the existing literature emphasizes that non-peer professionals´ attitudes towards peer support and recovery are essential for successful implementation and therefore important to address.

Aim

The aim of the study was to explore the understanding of the phenomenon of recovery from non-peer professionals and their attitude towards employment of peer support workers.

This study is part of the research program “Peer support and Recovery” that aims to explore and understand peer support and personal recovery from the perspectives of peer support workers, persons with psychosis and non-peer professionals from F-ACT Teams and hospital wards in Northern Jutland, Denmark, and to draw inferences between the perspectives.

Method

Three group interviews, one with mentors (non-peer professionals) for the peers and two with non-peer professionals from clinic A and clinic B in the Psychiatric Department in Northern Jutland, were moderated with use of a moderator guide by two of the authors (AKB and LMG), and observed from one of the authors (ASS). Non-peer professionals with different professions from the F-ACT teams and mentors for the peers were invited to participate. The group interview were recorded and will be transcribed verbatim and analyzed with thematic analysis.

Results

We invited 24 professionals (registered nurses, clinical psychologists, psychiatrists, social workers and social and health care assistants) to participate in the three group interviews. In November 2021, seven mentors for peers participated in one group interview, six and four non-peer professionals participated in the other group interviews. Three were prevented to participate and cancelled on the day of the group interview, and three did not show up.

The group interviews will be analyzed in spring 22 and final results will be presented at the conference.

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Peer support in the UPSIDES study: peer support workers' perspective

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Poster Presentation

Title: Peer support in the UPSIDES study: peer support workers' perspective

Authors: Manfred Lohner, Stefan Bilmeyer, Maria Haun, Ramona Hiltensperger, David Meinecke, Martin Peters, Claudia Rohrmoser, Sabine Rogg, Celine Scheffold, Maria Wagner, Lisa Wenzel, Iris Zimmermann, Bernd Puschner

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Background

Peer support is an established recovery-oriented intervention for people with mental health problems. The UPSIDES ("Using Peer Support in Developing Empowering Mental Health Services") study evaluates and scales up peer support in five different countries at six different sites in Africa, Asia and Europe. Peer support work in UPSIDES is based on nine different principles, which include recovery-oriented practice, empowering clients to manage their own lives, recognising and using the clients' strengths and building or expanding their social relationships.
This poster will provide a comprehensive insight into the work of UPSIDES peer support workers from their perspective.

Methods

Peer support workers at the UPSIDES study site Ulm/Günzburg present their work and the principles on which it is based, as well as barriers and facilitators to implementation.

Results

UPSIDES peer support workers use their life and recovery experience to guide and help clients in recovery. Thereby, they build a trusting, informal and empathic relationship with clients on an equal footing. For example, an individual recovery plan is developed for each client based on their own needs and wishes, diversifying the work of the PSWs. Relationships to other mental health staff can be difficult due to their training and working conditions. UPSIDES peer support is a mutual take and give, where both, the PSW and the client, benefit from the work by reflecting, sharing and learning from each others' experiences. Common topics in UPSIDES peer support work will be presented.

Conclusions

This poster will foster knowledge exchange about peer support and its implementation across different cultural, political and economic conditions.

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Becoming a peer support worker

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Becoming a peer support worker

Background: In Denmark as well as internationally, peer support workers are increasingly recognized as a valuable contribution in mental healthcare. Research has shown peer support to have a modest positive impact on self-reported recovery and empowerment, just as it might improve social networking. Furthermore, inclusion of workers who have overcome mental health issues is seen as essential in transforming the service delivery into a more recovery-oriented direction.
Recently, nine peer support workers have been employed in Psychiatry, Aalborg University Hospital, North Denmark Region in eight Flexible Assertive Community Teams (F-ACT) and in one hospital ward. The peer support workers are all employees who receive training alongside their employment. In connection with employment of the peer workers, the program "Peer support and recovery" was developed to explore peer support and recovery from the perspectives of the peer support workers, patients and non-peer professionals from the F-ACT teams and hospital wards.
In regard to peer workers´ own recovery processes and their reasons for working as a peer support worker, a literature search presented a knowledge gap.

Aim: The study aims to understand and explore peer support workers' own personal recovery process before becoming a peer support worker and their motivation for becoming a peer support worker.

Method: This interview study was conducted with nine peer workers employed in the North Denmark Region. The interviews were semi-structured and included the possibility for the participants to use a template and artefacts to underpin their words. The interviews were focused on giving the participants the opportunity to unfold their recovery narrative. Currently, the interviews are being analyzed by the research group. The analysis strategy is inspired by Braun and Clarke´s thematic analysis combined with elements from grounded theory.

Results: Preliminary findings indicate that relations have an essential importance for recovery. Final results will be presented at the conference.

Perspective: To further expand on results from this study, inferences will be drawn between the perspective of peer support workers and non-peer professionals in regard to promote a recovery-oriented culture.

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Assessment of TA and outcome among people with schizophrenia and people with emotional disorders

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Objective: Although the clinical significance of the therapeutic alliance (TA) is well documented, the literature regarding the establishment of TA, the relation between TA and outcome, and the effects of TA congruence on outcome among various diagnostic groups – and specifically among clients diagnosed with serious mental illness (SMI) – is sparse. The aim of the present study was to examine the effect of client diagnosis on the abovementioned TA characteristics. **Method:** Adyadic perspective and session-by-session (SBS) data were used in order to compare clients diagnosed with schizophrenia and clients diagnosed with emotional disorders in their TA characteristics. **Results:** Therapeutic alliance at pre-treatment was stronger in the emotional disorders group than in the schizophrenia group. Congruence regarding TA was observed in the emotional disorders group but not in the schizophrenia group;however, greater congruence ratings over time did not predict larger increases in functioning during treatment. Higher TA ratings predicted better subsequent functioning in the emotional disorders group, whereas in the schizophrenia group this association was observed only among good-outcome cases. **Conclusions:** Establishing TA might be more challenging for people with schizophrenia than for people with emotional disorders. Due to the observed differences, as well as to the central role of TA throughout therapy, special attention should be given to specific challenges and needs regarding the establishment and maintenance of TA so as to enhance favorable therapy outcomes.

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Elements that enhance alliacne and outcomes in psychotherapy among persons with schizophrenia

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Objective: Preliminary evidence has found metacognitive capacity is associated with therapeutic alliance (TA), and other outcomes in psychotherapy among persons with schizophrenia. The current study explored whether the use of specific therapeutic elements of Metacognitive Reflection and Insight Therapy were followed by higher ratings of TA and short-term outcome in a session-by-session intensive data collection.

Method: 221 sessions of 10 completers with schizophrenia, who took part in an ongoing integrated design of Randomized Controlled Trial (RCT) of the MERIT and Session by Session (SBS) assessment at a community clinic at the Bar-Ilan University, were analyzed. Measures of therapeutic alliance (WAI-SR), general outcome (ORS), and metacognition (MAS-A) were used.

Results: Findings showed significant Reliable Change Index in two domains of metacognition, self-reflectivity and mastery, following therapy. In addition, two elements, the introduction of the therapist's mind and reflecting on the progress in therapy, were related to better between-session outcomes. Finally, reflecting on the progress was also followed by higher TA.

Conclusions: Metacognitively oriented therapy is beneficial in increasing both TA and short-term outcome. Discussing the therapist’s and client’s experiences of what is occurring in therapy may positively affect short-term outcome, and could be applicable to other psychotherapy approaches.

4075

Safe zones: value creation analysis of ‘top-down’ and ‘bottom-up’ co-production learning communities

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Safe-zones: If co-production is a successful ‘bottom- up’ process that achieve equality between residents and their public services, why do we also need to keep investing in a ‘top-down’ training spaces for public service leaders?
The Resilience Revolution delivers training across Blackpool (UK) and since 2016, has trained over 3000 professionals, young people, volunteers and parents.
Training shares the known benefits of working in co-production with people with lived experiences. All training sessions are written with people with lived experience and highlight social justice issues, co-production expertise and introduce Resilient Therapy (Hart; 2007).
Co-production is fundamentally about sharing power between people, who each bring equal and valid expertise to be able to work together to make improvements and change systems – so that they work better and are fairer for everyone.
The Resilience Revolution’s training delivery includes communities of practice, open forums, conferences and online learning. However, whilst the training about co-production is free, regular and accessible in different formats and times of day to be able to fit around busy lives of public services leaders and residents, there is still a demand for separate training spaces: one for residents and public service professionals.
This paper analyses the Resilience Revolution's learning and development strategy through 2 evaluation models of social learning. (Wenger-Trayner 2000 and 2020)
a) Communities of Practice
b) Value Creation Framework
A framework analysis is presented. The framework analysed observation notes from Community of Practice with public service managers, focus groups with learners from the Blackpool community and thousands of attendee records and training evaluation forms.
Findings show that whilst there is a growing commitment to working co-productively between the Local Authority and the local community, the need for separate social learning spaces that co-exist is still the reality.
A separate safe zone is preferred by some residents who need a peer supported space to communicate their stories about personal trauma, social injustice, and unequal power. When ready, resident experts share their social learning.
Feedback from leaders highlights that whilst trying to achieve high quality co-production, separate training is needed for professionals to highlight and share their vulnerabilities whilst they move to more co-productive ways of working as well
Social network analysis found the key with making these distinct safe zones work with each other is by investing in specialist peer support roles who act as conduits and trainers.

4077

Specialists Together in the Community (STIC): a new service model

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Introduction
Community mental health service GGZ Noord-Holland-Noord, the cradle of the flexible assertive community treatment (FACT) model, underwent a whole system reform ‘specialists together in the community’ (STIC). Here we describe the reform, in the following abstracts the qualitative and quantitative evaluation of the model and patient's outcomes.

Situation before 2015
Separate divisions were in the lead for flexible assertive community treatment, specialist outpatient teams, psychiatric hospital and forensic care, with little communication between them. Good care was developed within these divisions, but the knowledge was insufficiently made available. The result was an 'us and them' culture. Patients didn’t fully benefit of the available expertise.

Aim of the reform
STIC was based on the principles of recovery, social learning and peer expertise. Mental health care professionals act in STIC as system conveners with the with general practitioners and the formal and informal social networks system in the community. STIC supports proximity in the digital communities. In this way STIC wants to develop an organization that actively supports the customer journey to recover resilience.

Process
Phase 1: Preparation: 2015-2017.
-Plan to integrate the FACT and outpatient teams to community mental health teams
-Integrated treatment framework: the vision on integrated treatment was described by a group of employees from all divisions.
-Think tank: a group of professionals from all divisions described which ambulatory teams could be integrated and which not
-Working document: the conclusions from both reports were translated into a new organizational form. In this the expert networks were introduced, the start of the network sharing knowledge
-3 rounds of talks with > 1000 professionals
Phase 2: Implementation: 2017-2021
-New ambulatory teams were formed: integration of FACT and outpatient teams
-Expert networks were formed
-A gradual transition from a line to a network organization

Shared vision
The following shared vison was developed:
Your client is my client: professionals help each other by sharing expertise
Positive Psychiatry: a psychiatry based upon strengths
Recovery is the grounded vision for all: it is not only leading for the Flexible ACT teams
We work neighborhood-oriented: teams have a catchment area around 30.000 inhabitants

Form a treatment team per client: bring the expertise to the client as an alternative to referring
Every professional is a member of a team: a pure network structure is too loose
Securing and growing specialist competencies: shaping networks of expertise

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Process evaluation Specialists Together in the Community (STIC)

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Introduction

Community mental health care service GGZ Noord-Holland-Noord implemented in 2017 a new model for integrated mental health care in communities: specialists together in the community (STIC). This model combines former Flexible Assertive Community Treatment (FACT) teams with outpatients teams focusing on specific (diagnosis) groups.The introduction of this models was evaluated with a qualitative and quantitative design.

Methods

Qualitative: Interviews were done with members of the board, managers, professionals in teams of all divisions of the service including the per experts working in the recovery colleges. They were interviewed on the 5 principles of STIC: 1 integrated, recovery oriented treatment ; 2 targeted treatments; 3 flexible use of the available expertise; 4 interconnection and collaboration between divisions and teams; 5 collaboration with external partners.
Quantitative: a STIC fidelity scale has been developed, consisting of 9 themes: making care flexible, personal recovery, social recovery, symptomatic recovery, treatment plan cycle, crisis and safety, social network collaboration, quality improvement and recovery & peer expertise.An 8-point scale is used that runs from score 1-2 (not visible); 3-4 (in development); 5-6 (fairly executed); to 7-8 (optimal).

Results

Interviews
The interviews show that the principles of STIC and supported throughout the organization. It also showed that the implementation and interpretation varied widely in the different divisions of the service
Fidelity scale
There were 9 items, that were measured e3 times 1 in 2018 Q1, 2 2019 Q3 and 3 2021 Q1. Here we present the results: item, score 2018, score 2019, score 2021
1: Making care flexible 4.2- 5.4 -5.92: Personal recovery 4.4-5.5-5.73: Social recovery 4.3-5.4-5.94: Symptomatic recovery 4.2-5.1-5.25: Treatment plan cycle 3.5-4.4-5.16: Crisis and safety 4.6-5.4-5.67: Social network collaboration 4.3-5.3-5.48: Quality improvement 2.8-4.2-4.99: Recovery and peer expertise 3.6-4.8-5.4Total score mean 4.0-5.1-5.4
Conclusion
Community mental health service GGZ Noord-Holland-Noord underwent a deep whole system reform specialists together in the community that we investigated with a qualitative and quantitative evaluation. The interviews showed a wide consent as well as differences in implementation and interpretation. This gives us more insight in the arena of different interests of our mental health service and helps us to come to an ongoing learnig process with the Plan Do Study Act cycle. The quantitative analysis shows that implementation of a new model takes time, with an increasing model fidelity. This evaluation supports an ongoing plan do study act implementation cycle in our community mental health service both at team and service level.

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Patient's outcomes in Specialists Together in the Community (STIC)

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Introduction

Patient outcomes were evaluated following the launching in 2017 of a new service model in community mental health service GGZ NHN: specialists together in the community (STIC). This model integrates principles of former Flexible Assertive Community Treatment (FACT) teams with the expertise of outpatient teams that focus on specific (diagnosis) groups. It was hypothesized that patients of the former FACT teams would profit in terms of symptom recovery and quality of life. For patients in the former specialized outpatients teams, it was hypothesized that they would profit in terms of social recovery.

Method

To test the first hypothesis a retrospective cohort study with repeated measurements was used in which outcomes of patients three years before the introduction of STIC 2014-2017, pre-STIC, were compared with outcomes three years after (2017 till 2020), post-STIC. Patients of former FACT teams were included if they had been in care for at least six consecutive years, so that a comparison could be made of the pre- and post-STIC course of symptoms (HoNOS) and quality of life (MANSA).

To test the second hypothesis an observational comparative study was used for patients in the former specialized outpatient teams. The pre-STIC group consisted of patients who completed treatment within three years prior to the introduction of STIC and had measures of social functioning and symptoms (subscales of OQ-45) at the beginning and at the end of treatment. Idem dito for the post-STIC group for patients completing treatment within three years.

Results

The data regarding the first hypothesis were analyzed using a multilevel model with measurements (level 1) nested within patients (level 2). Contrary to the hypothesis the course of symptoms post-STIC was stable as compared to a slight decrease pre-SSIW. The data regarding the second hypothesis were analyzed with a mixed ANOVA. In accordance with the hypothesis the post-STIC group had an equal decline of symptoms as the pre-STIC group. Contrary to the hypothesis, there was no greater improvement of social functioning as compared to the pre-STIC group. However, explorative data analysis showed that the post-STIC group had less treatment contacts than the pre-STIC group.

Conclusion

The outcomes in the period after the implementation of STIC are characterized by consistency, in the sense that patient outcomes before and after STIC are highly similar, with the difference that patients with a maximal treatment duration of three years receive fewer treatment contacts.

4080

A SYSTEMATIC REVIEW OF PATIENT REPORTED OUTCOME MEASURES TO EVALUATE ANTIPSYCHOTICS IN SCHIZOPHRENIA

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Introduction

Patient reported outcome measures (PROMs) are standardised and validated questionnaires that are completed by patients to capture one or more aspects of their health and wellbeing without amendment or interpretation by a clinician or others.

Objective

Collecting all the PROMs used to evaluate the effect of antipsychotic medication in patients with schizophrenia and related disorders.

Methods

We conducted a systematic search of electronic bibliographic indices of published research using the following broad search string: (schizophr* OR psychosis OR psychoses) AND (“patient reported” OR “self report*” OR “patient related” OR “patient cent*” OR subjective OR “well-being” OR “quality of life” OR satisfaction OR *need*) AND (treat* OR therapy OR antipsychotic) AND (trial).* The search was performed in four databases (Embase, Medline, PsycINFO and Scopus), during the period 1990-2020. Studies had to meet the following inclusion criteria to be included in the review: (i) clinical trials or observational studies analising effects of antipsychotic treatments in patients with schizophrenia and related disorders; (ii) studies that used patient reported outcome measures; (iii) original research providing primary data; (iv) published during the period from 1990 to 2020; (v) any language included. Case studies, posters and opinion papers were excluded from this systematic review.

Results

The electronic search identified 9,248 potentially eligible papers. After removing duplicated papers, we obtained 4,020 to review. Two independent reviewers, applied inclusion criteria to tittle and abstract. This resulted in selection of 136 papers to read the full paper. Finally, the final selection was 66 papers to analyse. After reading the final papers, 37 PROMs were collected, most of them evaluated patient quality of life.

Conclusion

Despite the increasing use of PROMs in trials to evaluate antipsychotic medication in patients with schizophrenia, measures based on interpretation by a clinician remain the most common.

4081

THE QUALITY OF MENTAL HEALTH CARE DELIVERED TO PATIENTS WITH SEVERE MENTAL ILLNESS IN ITALY

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AIMS.

To evaluate the quality of mental health care delivered to patients with severe mental illness (schizophrenic, bipolar, depressive and personality disorders) taken-in-care by mental health services of four Italian regions (Lombardy, Emilia-Romagna, Lazio, Sicily), covering about 30% of the Italian population.

METHODS.

Thirty-one clinical indicators concerning accessibility, appropriateness, continuity, and safety were defined and estimated using healthcare utilization (HCU) databases, containing data on mental health treatments, hospital admissions, outpatient interventions and lab testsand drug prescriptions.

RESULTS.

220,273 prevalent patients with severe mental disorders treated in 2015 were identified, of whom 19,991 were newly taken-in-care by the regional mental health services. For most patients community care was accessible and moderately intensive. However, care pathways were not implemented on the basis of a structured assessment and only a half of the patients received psychosocial treatments. About 10-20% of the patients, depending on the diagnosis, had access to psychological interventions and psychoeducation, while activities specifically addressed to families involved 15-20% of the families. One patient out of six was admitted in community residential facilities and one out of ten in general hospital psychiatric wards (GHPW); higher values were experienced by new cases. In general hospitals, few patients had a length of stay of more than 30 days, while one fifth of the admissions was followed by a readmission within 30 days from discharge. For 60-40% of patients, depending on the diagnosis, continuity of community care was met, and a discharge from a GHPW was followed by an outpatient contact within two weeks six times out of ten. For cases newly taken-in-care the continuity of community care was less common, while the readiness of outpatient contacts after discharge from hospital was more frequent. Most of the patients received psychotropic medication, but only a half were adherent to long-term treatment and the control of drug side-effects poor. The variability between regions was high and consistent in all the quality domains.

CONCLUSIONS.

The Italian mental health system could be improved increasing the accessibility to psychosocial interventions, improving the quality of care for newly taken-in-care patients, focussing on somatic health and mortality, and reducing regional variability. Clinical indicators demonstrate the strengths and weaknesses of the mental health systems and they can be useful tools in the routine assessment of mental healthcare quality at regional and national level by means of HCUs.

4082

Co-development of an online peer support platform for adolescents

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Background: Adolescence is a crucial developmental time, and it is important to ensure stable mental health during the transition to adulthood. This paper describes how adolescent and young adult stakeholders were included in the development of an online peer support platform (OPENtalk) where adolescents can chat with peer facilitators about their problems.
Methods: We conducted 3 group discussions with 18 peer facilitators, aged 15 to 21 years, who participated in a testing phase to improve the process of peer interactions on the platform. Participants were recruited as a self-selected sample following introduction of the project to interested students at local schools. Thematic analysis was used to analyse the data after transcription.
Results: The four main themes were responsibility of the peer facilitators towards their peers, especially their role of giving advice; the interaction process itself; time management; and technology aspects of the application. Including these stakeholders in the development process empowered the young people, helped eliminate problems with the application, and made the researchers more sensitive to potential problems and emotions that peer facilitators encounter that might have been missed without a co-development process.
Conclusions: Results did not only inform the further optimisation of the peer support platform but also the training for peer facilitators. The platform is now live and open as an anonymous means to discuss any issues with peers and connect to professional psychosocial services if needed.

4083

Mental health workers’ perspectives on peer support in high-, middle- and low income settings

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Background: Peer support is increasingly acknowledged as an integral part of mental health services around the world. However, most research on peer support comes from high-income countries, with little attention to similarities and differences between different settings and how these affect implementation. Mental health workers have an important role to play in integrating formal peer support into statutory services, and their attitudes toward peer support can represent either a barrier to or facilitator of successful implementation. Thus, this study investigates mental health workers’ attitudes toward peer support across a range of high- (Germany, Israel), middle- (India), and low-income country (Tanzania, Uganda) settings.**Methods:** Six focus groups were conducted in Ulm and Hamburg (Germany), Butabika (Uganda), Dar es Salaam (Tanzania), Be’er Sheva (Israel), and Ahmedabad, Gujarat (India) with a total of 35 participants. Transcripts were analyzed using thematic content analysis. Results: Participants across the study sites demonstrated overall positive attitudes towards peer support in mental health care, although some concerns were raised on potentially harmful effects of peer support such as negative role modelling and giving inadequate advice to service users. Notably, mental health workers from low- and middle-income countries described peer support workers as bridge-builders and emphasized the mutual benefits of peer support. Mental health workers’ views on peer support workers’ roles and role boundaries differed between sites. In some settings, mental health workers strongly agreed on the need for role clarity, whereas in others, mental health workers expressed mixed views, with some preferring blurred role boundaries. Regarding collaboration, mental health workers described peer support workers as supporters and utilizers, equal partners or emphasized a need for trust and commitment. **Conclusions:** Mental health workers’ attitudes toward peer support workers were positive overall, but they also varied depending on local context, resources and previous experiences with peer support. This affected their conceptions of peer support workers’ roles, role clarity, and collaboration. This study demonstrated that reconciling the need for local adaptations and safeguarding the core values of peer support is necessary and possible, especially when the implementation of recovery-oriented interventions such as peer support is accelerating worldwide. Keywords: Peer support; mental health workers; high-, middle- and low income settings; focus groups

4084

Development of a global Peer Support Intervention and Training Manual

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Introduction: Formal peer support (PS) in the field of mental health, which is defined as accompaniment and support based on lived experience by trained peer support workers (PSWs; Davidson et al., 2006), has shown promising results in the recovery and empowerment of people with severe mental health conditions (Cabassa et al., 2017). The UPSIDES project (www.upsides.org) is a cooperation between eight study partners based in Africa, Asia, and Europe, which aims to develop, implement, and scale up PS in different cultural and socioeconomic settings (Puschner et al., 2019). Therefore, a training manual was developed, piloted and evaluated in a randomized controlled trial. The intervention was conducted at six study sites situated in two low-income countries (Tanzania, Uganda), one middle-income country (India) and two high-income countries (Israel, Germany) (Moran et al, 2020).

Method: The UPSIDES intervention and training manual were developed following a four-step framework on intervention adaption for implementation in different cultural and socioeconomic settings (Barrera & Castro, 2006; Castro et al., 2010). The preparatory phase of the UPSIDES project involved information gathering through a systematic review (Prospero: CRD42018107772) and focus groups exploring previous experiences with PS and expected benefits and challenges. Based on this information, the participating research teams collaborated to develop a first draft for a PS training and intervention manual. Peer trainers from all recruiting sites met for a training pre-test at a train-the-trainer workshop. The initial training to prepare individuals for the PSW role and the implementation of the PS intervention were evaluated using a multi-method design comprising six focus groups (n=22) and questionnaires capturing the perspectives of service users, PSWs, peer trainers, and mental health staff members.

Results: The UPSIDES training manual, exemplary materials, the development process as well as results from the focus group discussions will be presented.

Discussion: To develop a PS intervention that is globally applicable, it was crucial to include the perspectives of all study partners. In order to guarantee the comparability of the intervention across all study sites, important core elements of PS were identified. At the same time, to account for regional flexibility, additional intervention elements were developed at each individual site.

4085

Implementing Recovery Guidelines: How Do We Bridge the Gap Between Guidelines & Practice?

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AIM:

Worldwide, numerous initiatives, including recovery guidelines, have been developed to transform mental health services to a recovery-oriented system.The rationale for transformation is compelling. While traditional mental health services have underlined professional control, reinforcing patient dependency, self-stigma and hopelessness, the focus of arecovery-oriented services is on empowerment, collaborative relationships between service providers and service users. In 2015 the Mental Health Commission of Canada published*Guidelines for Recovery-Oriented Practice*. However, little translation of these guidelines has occurred. A nationally funded research project was launched in 2018 to remedy the problem of uptake of these guidelines.This presentation will focus on how we used implementation science strategies to help organizations implement a sub guideline into their services.

METHODS: Seven organizations across five provinces were recruited to participate in the research. All organizations provided mental health services to people with serious mental health problems. Implementation Teams, composed of service users, service providers, managers, families and knowledge users were created in each site. They met 12 times over a six-month period. The researchers worked extensively with each Implementation Team to understand the guidelines. Rather than pre-selecting a specific sub-guideline to be rolled-out across the country, we worked with each Implementation Team to choose a sub-guideline as their focus. Following this, each Implementation Team chose one innovation to be implemented and tailored it to their specific needs. Our goal was to translate the guidelines using implementation science frameworks and practices, so that at each step of the way not only was an innovation being designed, but so was an implementation plan and a set of strategies to build on strengths and help overcome potential challenges.

FINDINGS: (1)Creating and working with Implementation Teams is a robust implementation science strategy that resulted in organizations successfully translating a Recovery Guideline into a tangible recovery-oriented innovation; (2)implementation members perceived the structured planning process positively;(3) key elements of the process, especially emphasis on consensus-building and shifting of power between service providers and service users were highly valued; (4) while working with diverse stakeholder teams is challenging, this process is transformative and a significant departure from quicker top-down approaches to implementing guidelines.

DISCUSSION: The implementation of guidelines in mental healthcare remains challenging. The*Guidelines for Recovery-Oriented Practice* offers a set of principles to guide the transformation of services. We worked with Implementation Teams to translate these guidelines into a tangible innovation aimed at transforming services.

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International perspectives of key informants before and after implementing UPSIDES peer support

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Background: Peer support is becoming an important part of mental health services worldwide and research about peer support is growing. One of the biggest challenges is the implementation of peer support in different mental health care settings. It is well known that contextual factors are crucial for the successful initiation of peer support. However, there is a lack of in-depth knowledge about barriers and facilitators affecting implementation processes of peer support across different settings. Tapping into the knowledge of key informants, i.e. stakeholders who have relevant contextual and organizational knowledge, is essential.

*Objective:*To explore the perspectives of key informantsbefore and after the implementation of UPSIDES peer support in high- (Germany, Israel) middle- (India), and low-resource (Tanzania and Uganda) using the Consolidation Framework for Implementation Research (CFIR).

Methods: Six focus groups were conducted in Uganda, Tanzania, India, Israel and Germany before and about 1.5 years after the start of UPSIDES peer support intervention with key informants, e.g. hospital managers or outpatient service managers. Transcripts were analyzed using thematic content analysis. Deductive (according to CFIR domains) and inductive (from data) categories were developed for data analysis.

*Results:*Participants across all study sites reported clearly positive expectations of peer support for service user and peer support workers. Advantages for institutions implementing peer support were seen, but varied strongly by quality of implementation (CFIR domain: Characteristics of intervention). Key informants across all sites also agreed that peer support can only prevail in the long term with national policy support (CFIR domain: Outer Setting). Further results highlighting differences in participants' perceptions across sites will be reported.

Conclusions: By feeding into a targeted implementation strategy focussing on key stakeholders, findings will contribute to advancing the sustainability and spread of UPSIDES peer support at the study sites and beyond. This strategy may also guide the implementation efforts of similar user-led interventions, furthering global scale-up of recovery-oriented mental health care.

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Perspectives of service users receiving peer support: findings from the Israeli site of UPSIDES

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Background: Peer support is an established intervention in which knowledge byone's lived experience of mental illness and recovery provides hope and support to mental health consumers in their recovery process. Yet, the evidence base for the effectiveness of peer support has not kept at pace with the rapid expansion of peer roles in mental health services. UPSIDES EU-funded international multi-site study aims to narrow this gap by training peer providers on a newly developed intervention implemented in low-, middle- and high-income countries.

Objective: To explore mental service users' subjective views on effects of the UPSIDES peer support intervention, in order to identify factors that promote, moderate or impede intervention outcomes for service users in the Israel site.

Methods: A purposeful sampling method was used in order to identify individuals who showed relatively high or low response to the UPSIDES intervention. Post-intervention self-report ratings of social inclusion (Social Inclusion Scale) andstaff support for mental health recovery (Brief INSPIRE Scale) were calculated. "High responders" and "low responders" were invited to participate in semi-structured interviews focusing on their perspectives and experiences in the intervention. Six participants (aged 27-57, 2 females) took part in the presented study. A thematic qualitative methodology was used to analyze the results (Braun & Clarke, 2006).

Results: Three major themes emerged from the data: (1) benefits: participants described positive effects in terms of reducing symptoms and improving subjective outcomes such as hopefulness, empowerment, internalized stigma and recovery; (2) PSWs 'added value': service users viewed the shared lived experience and peer relationship as helping to improve their mental health, highlighting them as unique components that could not be reached with other mental health providers; (3) challenges:the participants described a sense of uncertainty about peer's occupational identity and to what degree it involves "professional knowledge" and "knowledge from experience". Participants emphasized the need to assess the circumstances in which peers make a difference in order to better clarify the fulfilment of the peer role potential (e.g., the extent to which the PSWs had a clear view of their roles; supervision for PSWs; support by the organization).

Conclusions: Findings provide a deeper and multifaceted understanding of service users' experiences receiving the UPSIDED intervention, and attitudes to-wards integrating peer support within mental health settings. Contextual factors, such as organizational support for the PSWs appear to affect not only the PSWs, but also those receiving the services.

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Experts by experience involvement in teaching as a pedagogical method in social work education

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Background: The study explores the concept of Mental Health Experts By Experience (MHEBE) involvement in teaching (henceforth: MHEBE involvement) as a pedagogical method in social work education. Previous research reported that MHEBE involvement improved students' understandings of service-users' perspectives, increased students' empathy, decreased stigma and encouraged reflection about the power relations between social workers and service-users. These findings point to the contributions of MHEBE involvement as a pedagogical method. The current study aims to further the conceptualization of MHEBE involvement as a pedagogical method in two ways: a) Differentiating between MHEBE involvement and common pedagogical methods in social work education (e.g. learning from academic staff and materials; practice learning). b) Identifying different components of MHEBE involvement as an educational practice (while keeping in mind that these components are related).

Methodology: 40 semi-structured interviews were conducted with four different stakeholder groups (10 interviews with each group) in Israel: MHEBE involved in social work education; academic staff who teach mental health courses; bachelor level students and master level students. This multi-stakeholder view allows for a broad understanding of MHEBE involvement and enables an analysis of similarities and differences within and between participant groups.

Findings: Participants described MHEBE involvement as qualitatively different from learning about mental health from academic staff and materials as well as from meeting service-users as part of their practice learning. Two major components of MHEBE involvement were found: a) *Learning from MHEBEs' experiential knowledge of mental disability*. This includes a wide array of experiences (e.g. symptoms, daily life with a mental disability, societal barriers). Learning from MHEBEs' interactions with social workers and the medical/welfare/rehabilitation systems was a prominent topic across all participant groups. b) *Meeting the MHEBE as a learning experience*. This includes the actual exposure to the MHEBE as a whole and complex human being and not just a "psychiatric diagnosis", as well as learnings derived from the status of the MHEBE as a teacher, or from students who disclose their mental disability in class.

Conclusions and contribution: Conceptualizing MHEBE involvement as a pedagogical method encourages an examination of its different components and their educational outcomes. Understanding these components may contribute to theory development regarding MHEBE (and other experts by experience) involvement in student education and enable a more refined and sophisticated involvement in the field. The current study offers an initial exploration of such components.

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Perspectives of stakeholders on the implications of self-disclosure of consumer-providers

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Over the past 15 years, hundreds of individuals with MH lived experience were recruited to provide services across multiple MH services in Israel. These individuals were integrated as consumer-provider workers or peer specialists in either traditional role (aids, social supporters, etc.) or designated one (right-advocates in community services, peer specialists in psychiatric wards). As a result, Israel provides a unique context for studying the diverse ways people with lived experience practice peer roles.

Objective: In the current study we strived to learn what were the implications of self-disclosure (ranging from non-disclosure to explicit disclosure and active use of one’s lived experience) on service users and staff.

Method: This qualitative study involved 6 focus groups conducted with consumer-providers, peer specialists, mental health professionals and key informants (N=40) as part of a large EU funded international study (UPSIDES; Puschner et al., 2019). The focus group questions involved understanding the status of peer support in Israel MH services (Role, Organization, nature of peer work etc.). The groups were recorded and transcribed. The transcripts were analyzed using thematic content analysis (Braun & Clarke, 2006).

Findings: Six main categories emerged which relate to the research question: (1) Benefits of peer support (2) Challenges; (3) Self-Disclosure dilemma; (4) Characteristics expected from peer roles; (5) Role definition; (6) Factors promoting the implementation and dissemination of peer roles. Of these, self-disclosure appeared as the richest and most unique to the Israeli context, and will be discussed here, with implication for implementation of peer roles in MH systems, and their impact on service users and organizations.

Conclusions: There are beneficial practices of peer roles in the MH system in Israel. However, positioning in multiple roles may be contradicting sometime (e.g., working as a peer and working in a traditional role). In addition, lack of coherent messages regarding self-disclosure and role definition, leave this role confusing with negative implications to service users and staff. More efforts (Knowledge, training, accommodations, supervision, etc.) are needed to establish this role in a solid manner to safeguard its unique qualities (mutuality, role modeling, shared of lived experience) and its beneficial potential for service users and system transformation.

4090

Working alongside consumer-providers: Staff's subjective, cognitive, and contextual implications

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In Israel, hundreds of individuals with MH lived experience have been working as consumer-provider workers in traditional roles in various mental health rehabilitation services. The goal of this insertion is twofold: to promote vocational rehabilitation of mental health consumers and to support the development of more recovery-oriented services. However, the very presence of workers with lived experience has not been well studied. In particular, what are the subjective effects of such a presence on co-workers in mental health staff.

Objective: In the current study we strived to learn about the subjective experiences of mental health staff members from various mental health rehabilitation services, who have been providing services together with consumer providers.

Method: This qualitative study involved 15 in-depth interviews conducted with mental health professionals from various backgrounds (social workers, mental health coordinators, mental health instructors) with diverse seniority in the field (1-10 years).Some were working directly with consumer providers in service provision, and some meet them in staff meetings and supervision. Interviews lasted 1-1.5h. they were recorded and transcribed verbatim.

The interview guide was semi-structured, openly focusing on understanding the co-workers' subjective experience.

Analyses: A qualitative approach was used to analyze the data, using a thematic analysis (Braun & Clarke, 2006). The researcher read the materials, analyzed them, and put in memos. From these she developed the thematic categories, themes, and sub-themes.

Findings: Three main categories emerged which address: (1) Subjective-emotional experiences; (2) Cognitions and attitudes; (3) Organizational characteristics (status and work environments) significance to the experience. Each broad category included numerous themes. Over all the findings point to rich and powerful emotional experiences, developing cognitions (e.g., nearing and distancing the self from the experience of mental illness), influence of organizational characteristics.

Conclusions: Working alongside consumer-providers creates a powerful experience in coworkers which lead to diverse and rich emotional and cognitive significance. Such experiences can be contributive for the development of recovery-oriented services (e.g., appreciation of lived experience). It seems that seniority involves more mature and flexible approach. The hierarchical relationship between coworker and consumer provider is related to the experience.

Organizational context varies; however, group supervisions seem to be especially positively influential.

The findings have implications for policy development around the implementation of consumer-providers in MH rehabilitation services, and a theoretical contribution in the intersection between psychiatric rehabilitation field, organizational studies, and sociological perspective.

4091

Talk for Health: a collective approach to therapeutic talk

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"A major social revolution is required. Individual psychotherapy is available to a small number only. No mass disorder [was] eliminated by treating one person at a time." Albee (1999)
"I would see most of therapy as evolving into a social skill that everyone develops…" Yvonne Bates, (2005)

This paper outlines a radical approach to effective therapeutic talk - translating it from finite professional treatment into effective community practice.

Talk for Health is based on decades of evidence (Christensen & Jacobson, 1994) that effective therapeutic talk doesn't require professionals.It was developed in 2001 by the Author - qualitative researcher and Psychotherapist Nicky Forsythe – to turn this evidence into an effective, sustainable and empowering response to what is called mental illness.

Talk for Health starts with a 4-day experiential programme, where community members learn and practice the key skills of effective therapeutic talk i.e. how to:

Share one's own and witness others' experiences and emotionsRespond to sharers using counselling techniquesSet up and/or participate in ongoing groups with a clear protocol

Based on its evidence of efficacy, Talk for Health has been commissioned by the NHS in London since 2014.1,000 have been through the programme, building a growing network of 33+ ongoing groups a month.

70% are clinically distressed on intake (assessed using the WHO5) and, on average, the 4-day programme leads to a significant increase in wellbeing with a large effect size. On average, those who are depressed recover (assessed using PHQ9).

Follow ups at 3 and 6 months show that improvements are well maintained.

There is high multicultural participation, with 43% people of colour, as opposed to 17% in NHS Psychotherapy. Talk for Health is currently engaged in a funded project to adapt Talk for Health for Arabic and Greek-speaking communities.

The social impact of Talk for Health was endorsed by UK academics in the report Community Capital:the value of connected communities (2015), which recommended that Health and Wellbeing Authorities invest in such interventions to improve wellbeing, build resilient communities, and create savings in health and welfare.

This presentation will outline the evidence for and practice of Talk for Health; quantitative and qualitative social impact data; and why such an approach can create a more sustainable response to the global epidemic of what is called mental illness than 'treating people one at a time'.

4092

Post-traumatic stress disorders in undocumented migrants in France

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We study post-traumatic stress disorders (PTSD) in the undocumented immigrants' population in France. We estimate the prevalence of PTSD in the population, and according to country of origin and location of the traumatic event in the migration trajectory. We then study factors associated with post-traumatic stress disorders. These factors relate to migration conditions and current life conditions in France.

Data and Methods: 1223 undocumented migrants were surveyed in 2019 in Paris and Bordeaux urban area, in 63 sites providing assistance services to the poor and/or migrants, in 14 languages. Trauma was defined in the questionnaire by « severe incident, fire, physical or sexual aggression, earthquake, flood, war, witness of someone's death or severe injury, murder or suicide of a loved one ». Post-traumatic stress disorder was identified by PC-PTSD5 standardised scale, from questions about revival of the trauma, hypervigilance, avoidance, dissociation, and feeling of guiltiness.

Results: Prevalence of PTSD was 16% in the undocumented immigrants' population, 6 times higher than the prevalence of PTSD in the general population. 33% had been exposed to trauma before migration, 19% during migration and 14% in France. Men and women appeared affected equally. Among factors related to migration, political and security motives for migration, having migrated between 18 and 25 of age, and having entered in France illegally were positively associated with post-traumatic stress disorders, whereas economic migration was negatively associated with it. Among factors related to life conditions in France, food insecurity and collective housing were significantly associated with PTSD.

Discussion: Poor living conditions may expose immigrants to more trauma in France, and moreover to reactivation of past trauma. Living conditions may also decrease individuals' resilience to trauma and increase the risk of development of PTSD. More than half of immigrants with a PTSD have not taken up the health insurance coverage they are entitled to, therefore cannot access the health services needed to treat this condition. When not treated, PTSD put the individuals at risk of suicide, misuses of substances, and of severe dissociative states. It is of utmost importance for public policies to address undocumented migrants living conditions as well as non-take up of health coverage.

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Mental health and suicidal thoughts among undocumented migrants in Sweden

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Background

Undocumented migrants in Europe constitute a heterogeneous group. They are typically in a vulnerable and marginalized situation, since most of them have exhausted their options for gaining asylum and protection from war and persecution, many are traumatized and fear disclosure and deportation, and they typically lack basic social security. The Swedish Health Research on Undocumented Migrants project (SHERUM) project investigates living conditions, access to human rights and mental health of undocumented migrants living in Sweden. This study presents prevalence rates of mental illness and suicidal thoughts among undocumented migrants in Sweden.

Methods

A cross-sectional study with undocumented migrants aged 18-80 was performed in the three largest cities in Sweden in 2014-2016. Sampling was done via informal networks, religious and civil society organizations. A socioeconomic questionnaire was constructed, and psychiatric symptoms were screened using Becks Depression Inventory II, Becks Anxiety Inventory and the PTSD checklist (PCL) for civilians. Trained field workers performed the interviews. A total number of 104 individuals participated in the study.

Results

A total of 68% of respondents were suffering from moderate to severe anxiety, 71% from moderate to severe depression and 58% from post-traumatic stress disorder (PTSD). No statistically significant gender differences occurred, but age was statistically significant in relation to anxiety and depression. Having an insecure housing situation was a significant risk factor for both anxiety and depression scores. A total of 88 persons answered the question on suicidal thoughts, and of them 43% had suicidal thoughts the past two weeks with similar rates in men and women. Being childless (OR 2.55; 95% CI 1.06-6.11), having depression (OR 28.30; 95% CI 3.54-225), anxiety (OR 3.88; 95% CI 1.37-10.9), PTSD (OR 14.7; 95% CI 3.96-54.5), being exposed to crime (OR 3.42; 95% CI 1.14-10.28) and low self-rated health (OR 14.8; 95% CI 1.78-123) were identified as risk factors for suicidal thoughts.

Conclusions

The extremely high prevalence of depression, anxiety, PTSD and suicidal thoughts indicate poor mental health among undocumented migrants in Sweden. This warrants a strong health system response and targeted strategies in suicidal prevention programs. A better evidence-based knowledge about undocumented migrants extremely vulnerable psychosocial situation is needed and authorities and policy makers must do more to guarantee undocumented their right to health in Sweden.

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Discrimination among migrants in depression management by general practitioners: experimental study

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Background

In Europe, migrants have a higher prevalence of mental health problems than their native counterparts. In addition, they face more unmet medical needs, including less frequent referral to mental health services. According to social psychologists, general practitioners (GPs) may undertreat migrants due to ethnic implicit and explicit bias. One potential explanation for such discrimination is the lack of humanization when dealing with patients with a migration background. Yet, to date, no experimental study has tested this hypothesis. This paper, therefore, assesses whether humanization influences GPs' (i) (discriminatory) attitudes towards, and (ii) diagnosis, treatment and referral decisions regarding depressed patients with and without a migration background.

Methods

In 2021, a balanced 2 X 2 factorial experiment was carried out among Belgian GPs (N = 797), including two video vignettes depicting a depressed native and a Belgo-Moroccan patient, respectively. Half of the respondents were exposed to an intervention that aimed to humanize the patients by providing more detailed information about the patient's life story. The randomly assigned vignette was followed by an online questionnaire regarding diagnosis, treatment and referral decisions. T-tests, chi-square and two-way ANOVA were used for analyses.

Findings

Overall, we observed few differences in the diagnosis, treatment and referral of depressed patient with and without a migration background, neither among the group that was exposed to the humanization intervention, nor among the group that did not receive the intervention. Nevertheless, there was a more frequent diagnosis of anxiety in natives compared to patient with migration background (ORNative 1.65 (95% CI:1.10–2.46)). Moreover, severity of symptoms was rated lower among the Belgo-Moroccan as compared to the Belgian patient (F = 7.04, p = <.01). These results could explain the lower likelihood of benzodiazepine prescription among Belgo-Moroccan patients (F = 7.57, p = <.01).

Interpretation

In summary, the results indicate that GPs seem to treat depression among migrants in quite a similar way as they do for non-migrants. However, the misdiagnosis of anxiety and underestimation of the severity of the symptoms among migrants could lead to different medical decisions and different use of mental health care services.

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FROM CONTACT TO EFFECTIVE COVERAGE OF COMMUNITY CARE FOR PATIENTS WITH SEVERE MENTAL DISORDERS

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AIMS

To measure the gap between contact and effective coverage of Mental HealthCare (MHC), on a large Italian cohort of patients newly taken-into-care with severe mental disorders.

METHODS

This study is based on Healthcare Utilization (HCU) databases from four Italian regions (Lombardy, Emilia-Romagna, Lazio, Sicily), overall covering nearly 37% of the entire Italian population. HCU data include a variety of information as hospital diagnosis, drug prescriptions, outpatient visits, and specific diagnostic and therapeutic codes for patients receiving specialist MHC.

NHS beneficiaries, aged 18-40, who during 2013-2016 had a diagnosis of depression, schizophrenia, bipolar or personality disorder, were identified. Patents who received a prior diagnosis of mental disorder at any time or received two prescriptions of psychotropic drugs in the previous 2 years, were excluded. Newly taken-into-care patients were followed-up until 06/30/2018.

Emergency admissions to psychiatric wards during follow-up were recorded as outcome episodes and considered as surrogates of relapse. Exposure to different categories of MHC, specific therapies with psychotropic drugs (antidepressants, antipsychotics, mood stabilizers) and community care (generic care, psychosocial, psychotherapy) interventions, were considered.

To control for patient specific characteristics while investigating the risk of relapse, a variant of the self-controlled case series (SCCS) method was used to estimate incidence rate ratio (IRR), and 95% CI, for the relationship between exposure and relapse with a Conditional Poisson regression.

RESULTS

Among the 227,751 eligible prevalent cases, 45,761 individuals met the inclusion criteria and were included as newly taken-into-care patients with diagnosis of depression (73%), personality disorder (12%), schizophrenia (10%) or bipolar disorder (4%). 11,500 relapse episodes occurred.

Relapse risk was reduced during periods covered by (i) psychotherapy for patients with diagnosis of depression (IRR 0.67; 95% CI, 0.49-0.91), and bipolar disorder (0.64; 0.29-0.99) ;(ii) psychosocial interventions for those with diagnosis of depression (0.74; 0.56-0.98), schizophrenia (0.83;0.68-0.99), and bipolar disorder (0.55; 0.36-0.84), (iii) pharmacotherapy for those with diagnosis of schizophrenia (0.58; 0.49 to 0.69), and bipolar disorder (0.59; 0.44 to 0.78). Coverage with generic MHC,in the absence of psychosocial interventions, did not affect the relapse risk.

CONCLUSIONS

Community MHC showing evidence of effectively prevent the onset of relapse were psychosocial interventions and psychotherapy for depression, antipsychotics and psychosocial intervention for schizophrenia, and mood stabilizers, psychosocial intervention, and psychotherapy for bipolar disorder. This study ascertained the gap between utilization of MHC and effective coverage, showing that administrative data can usefully contribute to assessing the effectiveness of a mental health system.

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Cross-cultural implementation of a peer support intervention: a Theory of Change approach

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Introduction Stakeholder engagement is crucial in the development, implementation, and evaluation of complex interventions such as peer support. One frequently used approach in global mental health projects to engage local stakeholders in this process is the Theory of change model. A Theory of Change defines the main outcome of an intervention and tracks back the steps that needs to be taken to reach this goal. As a Theory of Change makes assumptions about each intermediate step it offers insight into how and why change occurs according to the intervention.

Method Several Theory of Change workshops were held between 2018 and 2021 to inform the implementation of a Peer Support intervention in six study sites in five high and low-/middle-income countries. Local stakeholders, including service users, peer support workers, mental health staff members, and management, participated in the workshop. These initial Theory of Change drafts created by stakeholders at each site provided the basis for the cross-site Theory of Change map, which was then further substantiated by informing it with insights from the current knowledge base of the research field and updated through iterative feedback rounds providing recent lessons learned during the implementation of peer support at each study site. The workshops were held as part of the UPSIDES project (www.upsides.org) which aims to improve the social inclusion of people with mental health problems through a peer support intervention.

Results Based on six individual Theory of Change maps, a cross-country Theory of Change map was developed. The resulting model identifies which aspects are important across income-levels and contexts when implementing peer support and what is specific to each country. Across all sites, stakeholders identified key aspects to be taken into account, both before initial implementation of the intervention and afterwards to ensure sustainability of the programme. Overall, there is a strong need for role clarity and supervision and support programmes to be put in place. Depending on the income level and organisational structure of the implementing sites there are differences in the levels of prominence of other factors, such as inter-professional collaboration among different actors of the mental health system.

Discussion Based on the results, further consequences for evaluation and the future implementation of the intervention will be discussed. Special emphasis will be placed on which conclusions can be drawn regarding sustainable implementation of peer support across various income settings.

Key words Peer Support, Global Mental Health, Participatory Research, Implementation Science

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Implementing UPSIDES in India during Covid-19: Facilitators and Barriers

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Despite the evidence on the effectiveness of peer support interventions, wherein people with lived experience support others in their recovery journey, there is considerably less evidence on peer support from low- and middle-income countries like India.

As part of WHO's QualityRights Gujarat intervention, peer support volunteers (PSVs) were introduced within mental health care facilities in 2015. This unique and innovative approach resulted in a policy shift by a formal recognition for peer support that is currently being financially supported by the Department of Health and Family Welfare, Government of Gujarat. However, there remain significant challenges with implementing a peer support intervention that require a paradigm shift from a biomedical to a recovery and rights-based approach in mental health care at the health systems level.

The UPSIDES study was introduced in 2019 to improve, sustain and scale the peer support intervention at one mental health care facility, namely, the Hospital for Mental Health, Ahmedabad. The facility is a tertiary care facility that provides in-patient, outpatient and rehabilitative services. The service reaches to marginalized and vulnerable communities at affordable mental health care.

The paper will cover the experiences, both facilitators and barriers in implementing the UPSIDES intervention at a health care facility. It will lay specific focus of the challenges of the pandemic from a low-middle-income country context. The paper will use reflections and learning from the implementation team, in consultation with peer support volunteers, health care providers, and other key stakeholders to understand the role of peer support in health care settings especially during the pandemic.

The paper will represent the reflections through the various steps of the UPSIDES intervention that includes, training, implementation, monitoring and support. The intervention is currently ongoing at the site. The paper will also include various initiatives of the intervention that can be delivered using the peer support intervention. The learning and reflections will aim to resonate with other researchers and intervention experts working in similar low-resource settings.

Keywords: Peer Support, Implementation Research, LMIC, mental health care systems, pandemic, Covid-19

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Cross cultural translation of study materials in multinational mental health research

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Introduction
Mental health research in different countries often involve translation of study materials. Current translation guidelines do not include flexible translation approaches for different study materials. We aimed to develop a proportionate methodology to be used for translation of all types of study materials in multinational mental health research.

Methods
The methodology was developed and tested in preparation for the Using Peer Support in Developing Empowering Mental Health Services (UPSIDES) randomised controlled trial (ISRCTN26008944) and comprised three stages: (1) categorisation of study materials, (2) integration of existing translation frameworks, and (3) methodology implementation (Germany, India, Israel, Tanzania, Uganda) and refinement.

Findings
The UPSIDES Proportionate Translation Methodology comprises ten steps: preparation, forward translation, reconciliation, back translation, review, harmonisation, pre-testing, finalisation, psychometric evaluation, and dissemination. A typology of four categories of study materials was developed: local text, study-generated text, secondary measures and primary measure. The translated primary outcome measure for the UPSIDES Trial (Social Inclusion Scale) demonstrated adequate content validity (49·3 vs. 48·5, p=0·08), convergent validity and internal consistency (0.73), with minimal floor/ceiling effects.

Conclusions
The methodology is particularly relevant to multinational mental health research, especially involving sites with differing resource levels. It can also be recommended for translating, cross-culturally adapting, and validating study materials, including standardised measures, in future multi-site global mental health trials.

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ASSESSING PHYSICAL HEALTHCARE GAP AMONG PATIENTS WITH SEVERE MENTAL ILLNESS IN ITALY

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BACKGROUND

One critical barrier to the uptake of mental health programs is the so-called physical healthcare gap, a concern raised by the unattended physical comorbidity and early mortality of persons with severe mental illness.

AIMS

To assess the extension of physical healthcare gap among persons with severe mental illness needing chronic drug therapies.

METHODS

A retrospective cohort study was conducted using Healthcare Utilization (HCU) databases of Lombardy region, which include information on hospital diagnosis, drug prescriptions, outpatient visits, and specific diagnostic and therapeutic codes for patients receiving specialist mental healthcare.

Beneficiaries of the National Health System (NHS) who on December 31st, 2016 (index date) were aged 18 years or older and resident in Lombardy from at least two years, and were prevalent users of blood pressure-lowering, lipid-lowering, or antidiabetic agents were included. 2,008,055, 723,694 and 391,773 prevalent users of, respectively, blood pressure-, lipid- or glucose-lowering agents were identified. Among these, those who were in-care for depression, schizophrenia, bipolar disorder or personality disorder formed the study cohort. A reference cohort was randomly selected from prevalent users of chronic therapies without signs of severe mental disorders to be matched with study cohort members for gender, age and number of previous contacts with the NHS.

One-year adherence with healthcare was measured through the Proportion Days Covered (drug-adherence). Limited to patients on treatment with glucose-lowering agents, exposure to selected recommendations (clinical control adherence)[5]. was also evaluated.Multivariable conditional logistic regression was fitted for modelling the OR, and 95% CI, for the association between the exposure (being affected by a severe mental disorder) and the outcome(s) of interest.

RESULTS

The 55,162 patients with SMI experienced lower adherence with the corresponding drug therapy with respect to comparators. Patients affected by severe mental disorders had a likelihood to be well adherent with blood pressure-lowering, lipid-lowering, or antidiabetic agents respectively 24% (95% CI, 22% to 26%), 10% (6% to 14%), 25% (21% to 29%) lower than patients without signs of SMI. Concerning the 9,250 diabetic patients with SMI, they showed a 18% (13% to 22%) lower likelihood to meet recommendations for the clinical management of diabetes with respect to diabetic patients without SMI.

CONCLUSIONS

Our study showed, using HCU data, that patients living with mental illness and needing chronic drug therapy with blood pressure-lowering, lipid-lowering or antidiabetic agents, were treated worse than patients without any sign of SMI but the same need of chronic drug therapies.

4100

Scoping the literature on outpatient care for people with coexisting diabetes and schizophrenia

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Background

Managing coexisting diabetes and schizophrenia is complex. Even though the prevalence of coexisting diabetes and schizophrenia is well established, knowledge about what can be done to provide optimal support and treatment to this population is sparse. There is a need to gain insight into beneficial aspects of existing outpatient care and treatment models targeted people experiencing coexisting diabetes and schizophrenia.

Aim

To identify and summarise the range and nature of the existing literature describing outpatient diabetes care and treatment delivered to people diagnosed with coexisting diabetes and schizophrenia.

Methods

A systematic search was conducted in PubMed, CINAHL and PsycInfo. A scoping review as described by Arksey and O'Malley (2005) was performed. To build an overview of the range and nature of the existing literature, characteristics of the selected studies were charted. Information reported specifically about outpatient care was extracted from the studies. The review process included consultation with clinical specialist stakeholders to determine the scope and translate findings of the review.

Findings

The systematic search resulted in 562 references. After removing duplicates (n = 151), 382 references were excluded during screening of title and abstract. Additional 25 references were excluded during full text screening, resulting in four publications being included in the review. Hand-search in reference lists provided no additional references.

Findings describe very limited range of existing literature based on the four heterogenousstudies, that was included in the review.Furthermore, characteristics of outpatient services or interventions were described, includingpotentially beneficial approaches to increase integrated care that entails endocrinological and psychiatric specialist consultation; care which is easily accessed by users, not time-limited, and includes targeted training in illness management.

Discussion:

Current state of physical health and reports of unmet health care needs among people with severe mental illness underlines the urgency of exploring management and self-management of coexisting diabetes and schizophrenia among this vulnerable population.

The lack of clinical research in this area underlines the importance of exploring outpatient care opportunities for this population in future research.

Conclusion:

The targeted area of clinical practice is under-researched. In order to plan and provide beneficial, evidence-based care and treatment to people experiencing coexisting diabetes and schizophrenia, there is a need for further research examining beneficial treatment or consultation opportunities.

4101

Co-constructing poor physical health as ’normal’ for people with schizophrenia

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Background:

People with severe mental illness have shortened life expectancy partly due to ill physical health. Management of coexisting mental and physical health issues as part of everyday life is complex, and knowledge about the field is lacking.

Aim:

To develop explanatory theory about factors influencing the interactional processes of managing physical health issues in everyday life by integrating findings from three separate analyses conducted in an ethnographic study.

Method:

This study was designed as an ethnographic study and drew on social constructionism. Nine participants with schizophrenia were recruited at two residential facilities (n=4) and an outpatient clinic providing for younger people with newly diagnosed schizophrenia (n=5). Additionally, 27 mental health care professionals contributed with their perspectives on management of physical health in mental health services. Qualitative methods were employed, and three separate analyses were conducted using thematic and discourse analysis. A progressive focusing technique was used to integrate findings from the three analysis.

Findings:

An explanatory theory about the complex social processes that were enacted as part of managing physical health in everyday life was developed. Sustaining factors were identified as interacting in complex, multi-dimensional processes in the social context of everyday life, resulting in everyday life situations in which management of debilitating physical health issues with inexpedient strategies, was continuously sustained among the participants with schizophrenia.

Discussion

A lack of beneficial interactions related to management of physical health issues in everyday life, may result in a lack of response to physical health issues. Mental health care professionals being ill-equipped to recognise physical health issues and not engaging with the participants with schizophrenia about their physical health issues, might seem relatively insignificant in a single situation. However, when understood as repeated patterns of deviant practices, that result in the creation of ‘a new normal’, this lack of engagement can cause serious damage over time.

Conclusion

Poor physical health among people with schizophrenia has become normalised to the extent that neither the participants who experience debilitating health issues or the professionals, acknowledge these as serious. Consequently, managing physical health results in a deadlock, characterised by a lack of beneficial interactions and transition towards improvement in physical health.

4103

A shifting paradigm? A review of predictors of recovery and rehabilitation in forensic research

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As part of a study on forensic clients that make a transfer from prison or a forensic clinic to sheltered housing, a scoping review was conducted. Forensic research and practice have historically focused on risk assessment and prevention. This risk-oriented paradigm is shifting towards a more recovery-oriented perspective.

The review presents an overview of research on predictors of rehabilitation and recovery and an update of the past 10 years of research on predictors of recidivism and desistance. An additional risk factor of recidivism is adult victimisation in various forms. The study also revealed clinical, personal, social, functional and forensic factors that influence recovery and rehabilitation.

The review provides a first exploration and overview of recent literature and encourages researchers and practitioners to focus on the recovery paradigm in forensic care.

4105

Profiling of victimisation, perpetration, and participation: identifying subgroups among outpatients

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People with severe mental illness (SMI) are more likely to experience victimization, discrimination and stigmatization than other community members. On the other hand, they also are more likely to become a perpetrator. Anticipating on these difficulties, people with SMI may refrain from social activities. The aim of this study was to identify subgroups of outpatients with severe mental illness based on their experiences of social participation and victimisation.

A latent class analyses was conducted on 408 outpatients, based on four variables: criminal victimisation, perpetration, experienced discrimination, and social functioning.

Three classes can be distinguished: the victimised and perpetrating class, the discriminated and avoiding class, and the general difficulties class. These classes offer new insights to professionals in community mental health teams in their aim to support clients in their rehabilitation process, by focusing on the impact of victimization and experienced discrimination on this process.

4106

Victimisation of individuals with serious mental illness living in sheltered housing

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There are equivocal findings from the sheltered housing literature on whether this type of accommodation meets the needs of people with serious mental illness. Although some studies report increased quality of life reported by residents, there seems to be a stable association between becoming a victim of crime and living in sheltered housing regardless of whether research is coming from the US or Europe.

The current study compared victimization among a community sample of 956 individuals with serious mental illness living alone, with family or in sheltered housing. Those living in sheltered housing reported becoming victims of crime most often, however a more nuanced picture emerges when we model clinical and demographic characteristics of the victimized. Incidence was especially high for some high-risk groups, including men, people with comorbid post-traumatic stress disorder and those with high levels of education. However, women reported less victimization in sheltered housing than living alone or with family, if they also reported drug or alcohol use.In order to attend to the recovery needs of people living in sheltered housing, awareness of those with particularly vulnerable characteristics is needed.

4107

Implementing Recovery Guidelines into Practice: Introducing Walkthetalktoolkit.ca -An Online Toolkit

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AIM:The aim of this presentation is to introduce a web-based Recovery Guideline Implementation Toolkitfor the*Canadian Guidelines for Recovery-Oriented Practice*.The Mental Health Commission of Canada launched these guidelines in 2015 with the objective of moving the recovery concept forward into services.The recovery guidelines include 6 chapters and 18 sub-guidelines. They are based on evidence from a review of the literature, other international guidelines, best practices and a nation-wide consultation. Although each sub-guideline provides a possible list of actions managers and leaders can take, they do not include specific interventions or how to actually implement them. Over the past three years, as part of a research project, we filled this gap by developing an implementation science-informed planning strategy for implementing one chapter of the guidelines that was rolled out in 7 mental health organizations. Based on this research we created an online toolkit-***walkthetalktoolkit.ca.*** to assist organizations in implementing these guidelines.
METHODS: Walkthetalktoolkit.ca uses a bottom-up approach to bridge the gap between guidelines and practice.The toolkit is not just a list of actions, but a how-to resource to be used by a designated facilitator. Implementation science concepts are integrated into practical actions and activities that streamline the process. Recovery-oriented principles such as choice and empowerment are incorporated at every opportunity. Over the past year we have: (1) conducted 8 meetings with an Expert Panel composed of previous research participants who experienced first-hand implementing the guidelines in their organizations; and (2) recruited 3 early adopters of **walkthetalktoolkit.ca**.
RESULTS:We will report findings from: (1) the Expert Panel on the ease of website navigation, user-friendliness of its layout, and understandability of the content and (2) the experience of 3 Early Adopters in implementing the online toolkit in their organizations.
DISCUSSION:Guidelinesare notoriously difficult to implement for a variety of reasons including the perception among stakeholders that the guidelines themselves are complex, ambiguous or unclear. We developed an online toolkit that enables organizations to implement recovery guidelines by developing a facilitated process that builds capacity in organizations and empowers them to make their own choices through consensus. **Walkthetalktoolkit.ca** can be adapted for use in other countries attempting to implement guidelines.

4108

A Literature Therapeutic Group at a Psychiatric Closed-Unit

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This lecture will present a therapeutic group that took place at a closed-unit in a psychiatric hospital. The members of this group are patients coping with different mental disorders, especially psychotic disorders. Usually, the members have difficulty – in organizing their thoughts as well as with the expression of their internal-world and emotions. Moreover, they might be highly suspicious of the units' staff members. These circumstances led us to create a theme group that combines a verbal-affective metaphoric instrument - literature.

Art, such as literature, represents the mind of its creator and when incorporated into the therapeutic process, can serve as a third-voice - a symbolic language that conveys an idea indirectly and arouses the patient's personal associations and emotions. The use of literature, while relating to content that arouse from a poem or a short story, has led to a connection or an identification with the emotion expressed in the writing stimuli or in opposition to it, and from there to a projection of the internal world of the patient. Through the possibility of alternating between proximity and distance, regard the metaphoric instrument, patients could organize their associations and emotions and express them in a more beneficent way – "normalization" of the cognitive and expressive process.

The analysis of the different group's settings, points to the potential of using literature in a therapeutic group with patients in their acute state, at the closed-unit. Examples of verbal reports from different group settings, in which literature was used, will be presented.

4109

Multiculturalism and mental health

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Mental health problems manifest across ethnic groups. Differences in mental health service use across ethnic groups have been found. Barriers to mental health service use and inadequacies in service response have been found among ethnic minority group members. Qualitative studies have highlighted factors that impede service use (issues of recognition and stigma, and of relationship and communication between service user and provider). Differences in suicide rates have been reported across ethnic groups. Ethnic density effects on levels of psychosis risk have been identified. Social inequalities impact on differences in mental ill health and service use across ethnic groups. There have been efforts to tailor services to the needs of members of different ethnic groups. Discussing the issues related to multiculturalism and mental health highlights the role of social and historic injustice. Equal access to services across ethnic groups to help ensure social choice and welfare is mandatory.

4110

Maternal Emotional Distress during Preconception Predicts Sleep Anxiety in Preadolescence

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Transgenerational effects of maternal exposure to stress is of societal concern across the globe. An extensive body of research has documented the long-term consequences of early maternal stress on child development (1), including a greater risk of sleep problems (2). Animal models have shown that stress and anxiety experienced by the mother even before pregnancy has adverse effect on the offspring (3). Pioneering research in humans has also shown that if a mother is exposed to stress and anxiety before conception her child is at greater developmental risk (4). As many mothers are exposed to stress, such as war and terrorism, there is a growing concern about the physical and mental health of the future offspring (5). Our investigation is framed in terms of that concern and draws on a unique longitudinal sample in which mothers experienced pre-conception war exposure and the children were followed-up. In this report, we focus on children's sleep, a domain of development that can impacts brain development (6), physical growth (7), and psychological function (8), and is highly important to the child well-being in the transition to adolescence (9).

A sample of 68 Israeli mothers, who conceived up to one year after the 2006 Lebanon War II (5), and their children (51% girls), primarily from medium to high SES participated in this longitudinal study. Here we present data collected when the children were 10 years-old. Pearson correlation coefficients indicated that preconception maternal emotional distress was significantly correlated with sleep anxiety in girls ($r = 0.37$, $p = 0.02$), but not boys ($p>.05$). Process analysis showed a significant effect for the overall model at T2 $F(3,64) = 3.25$, $p = .027$, $R2 = .13$. It was found that daughters to distressed mothers experienced more sleep anxiety at age 10 years ($b = .08$, $SE = .02$, 95% CI [.02, .14]). These findings point to the transgenerational effect of maternal war-related stress on child sleep. Importantly, our study mark pre-conception stress as a risk to child development beyond the early years. The findings should be considered when designing intervention programs for families that are harmed by war.

4111

Principles and organisation of primary care mental health: reflection on practice and research

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Introduction

When training as a GP 30 years ago I joined in the exogenous/endogenous debates and audited our care according to Defeat Depression Campaign criteria – whether we asked the questions required for diagnosis and prescribed antidepressants.

Now we are prescribing eight times as many antidepressants, have long waiting lists for brief therapy and can rarely access secondary services for more complex patients who we encourage to identify as mentally disordered.

So, in 2022 in Europe, how should we organise our interactions with people in distress and what should we do in those encounters?

Method

A synthesis of personal reflection from practice and research. Practice as a GP and in a specialist young people's mental health team in a deprived area in the UK. Appraisal of existing research and personal experience of depth qualitative studies and RCTs. Synthesis informed by a critical realist stance, and recognising systems are complex with limited resources.

Overview and conclusions

Patient/service users' narratives vary. Many feel harmed by rejections by services (not fitting criteria), long waits for therapy or being discharged without support. Some favour diagnoses and medication - others reject both. These findings are consistent with the results of systematic reviews and meta-ethnography: breakthroughs in psychopharmacology, therapy or organization of care are rare (most trials are neutral) and show small effect sizes. Services based on diagnosis have not shown themselves superior. Strengths based, trauma informed and person centred approaches each have a logic and limited evidence. Engagement, expression and therapeutic alliance are more important than therapeutic modality. These findings are at odds with a system still portraying itself as able to Defeat Depression.

A radical rethink is required to design a system consistent with our shared experiences and knowledge. We need education – for the public and practitioners – which acknowledges the weaknesses of the diagnostic system and in its place offers a coherent model incorporating trauma-informed biopsychosocial and neuroscience based care, stressing the limits of what we can achieve but being positive about helping in small ways. Kindness and challenge need to be in balance, and practitioners liberated to test what works for whom. For sustainability we need to: share resources according to need, engage the resources of communities, and ensure we are not continuing the 'mad' overloaded system which creates stress for patients and practitioners alike. Process metrics can help guide system balance/sustainability and address inequality.

4112

The Contribution of a Basic Education Program for Arab and Jewish Persons With Mental illness

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The Rationale of the Study: A major emphasis in Supported Education programs has been on academic programs or postsecondary education programs. Knowledge is missing on the contribution of programs for those who miss basic educational skills needed for social mobility.

The possibilities of using the basic skills acquired in a training program may depend on the socio-cultural context. Therefore, a comparison was conducted between Jewish and Arab participants in a program aimed to provide basic education for persons with mental illness. A study was conducted to examine the contribution of the participation in such a program to the social mobility of the participants. It also examined the cultural differences between Jewish and Arabs participants.

Methods: An AB methods was implemented with the participants in a program aimed to provide basic educational skills such as literacy courses and learning how to use computers. A questionnaire was delivered at the beginning of the participation in the program and six months after the completion of the program. It examined the employment and social situation of the participants, their self efficacy, the quality of their social and familial relationships and the employment and social barriers they experience. It also included open-ended questions about the participants' perception of the contribution of the program. The study included 90 Jewish and 80 Arab participants.

Results: The findings indicate an increase in the number of hours of employment and a change in the participants' perception of barriers for integration in employment .There was decrease in their perception of barriers to find a job and develop social relationships. The qualitative findings indicate a contribution to their confidence ant self esteem. The Arab participants emphasized the value of learning Hebrew as an essential l tool for integration in society and the social barriers they experience in a collectivistic society. Participants illuminated the challenges they experience in implementing the educational skills due to difficulties to manage their illness, to manage their studies and to overcome barriers for social inclusion.

Implications: The findings illuminate the potential contribution of such a program to advance the social mobility of the participants in the Arab and Jewish populations. However, there is a need to adopt a psycho-social perspective aimed to help them reduce the barriers for implementing the skills acquired in the program.

4113

Developing an anti-racist agenda from lived experience involvement within health research

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Introduction

Whilst the only Black person of a UK clinical psychology doctoral training programme annual cohort [2000-2005], I developed traumatic stress triggered and maintained by distressing race-based events from the cohort and programme. Since then, I have felt unable to share these events or their impact on me. As a member of the Lived Experience Advisory Panel (LEAP) of the Narrative Experience Online (NEON) study since 2017, I have experienced a process of recovery through post-traumatic growth (PTG).

Objectives

To draw on personal experience of involvement to make recommendations for how LEAPs can lead anti-racism activity in health research.

Methods

Recommendations were developed through reflecting on study activities with NEON researchers, and exchanging knowledge on the impact of prior experiences of racism.

Results

In preparation for a LEAP meeting, I read mental health narratives from Black people. Narrative content resonated strongly with my own experience of distress, confirming my awareness of ostracism and racism as a shared experience. The narrative of a Black psychologist's struggle throughout training reverberated acutely, providing a profound understanding of the impact of lived experience narratives on recipients. This experiential knowledge shaped my contributions to NEON research activities, including a committee formed to steer curation processes for a collection of recovery narratives [https://doi.org/10.2196/24417].

Co-authorship for a paper on PTG [https://doi.org/10.1136/bmjopen-2019-029342] supported a recovery journey grounding personal reflection of the traumatic stress of racism. My recovery narrative was solidified through feeling gradually more assured of the root cause of my experience, and a greater awareness of spiritual change and purposefulness as validated features of PTG. Reciprocally, lived experience of ongoing PTG facilitated meaningful analytical and writing contributions.

Contributing to a paper documenting institutional injustice [https://doi.org/10.1371/journal.pone.0250367] moved me closer to validating prior racist experiences of having my integrity questioned and undermined by authority. Initially wary, I recognised this wariness as an emotional challenge to name racism freely. The authorship invitation, together with open discussion, reciprocally strengthened my confidence and trust to verbalise the effects of institutional racism and the need for transformation.

Conclusions

Lived Experience Advisory Panels should actively promote anti-racism allyship within research through opportunities for the discussion of 'whiteness' and its' impact. Research studies should preserve space for dialogue regarding the impact of racism, particularly where LEAP member characteristics and experiences intersect. Investigators, researchers and ethics committees have a responsibility to inform themselves about how to carefully facilitate and ensure anti-racism becomes embedded within research.

4114

Continuity of care after psychiatric hospitalization by the same team

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In recent years, a major question aroused regarding the continuity of care after hospitalization. Studies have found that patients, who are in a recurring cycle of hospitalizations and discharges – "revolving-door" patients, need a different treatment protocol from the community-clinic services provided to the majority of them currently. The continuity of care, after re-hospitalizations, is extremely important for the results of the treatment, and for reducing the risk of regression, re-hospitalization and even suicide. In order for the treatment to be effective, it is important that the treatment will continue right after the hospitalization with the same team, in an outpatient-clinic. In Israel, this point is even more critical, as the waiting time until receiving treatment in the community can be long.

For those reasons, two outpatient-clinics were opened in the Jerusalem mental health center – one is the continuity of care outpatient-clinic of the "women-unit" and the other one is the continuity of care outpatient-clinic of the "men closed-unit". The treatment team at both clinics is the same one that treats the patients when they are hospitalized. This way, the clinics provide a continuity of care, which is also a long-term treatment, with an immediate and efficient transition between hospitalization and receiving a medical-mental treatment after discharge. In order to examine the efficiency of continuity of care in reducing re-hospitalizations, we are running a comparative research. The research studies and compares parameters of hospitalization - number of hospitalizations, number of days in hospitalizations, and the legal status of the hospitalizations. Two compressions will be examined: 1. regarding each one of the patients, the parameters of hospitalization will be investigated -1 year before the first visit in the clinic after discharge versus 1 year after the first visit; 2. comparison, of the same hospitalization's parameters, between patients treated in the continuation outpatient-clinics and patients treated in two community-clinics.

Therefore, our hypotheses are: 1. the number of days of hospitalization and the number of hospitalizations will decrease significantly in the year following the beginning of the treatment in the continuityof care outpatient-clinic. Additionally, the legal status of patients' hospitalizations after they began their outpatient treatment will tend to be more voluntary than before; Patients in continuity of care clinics, as opposed to patients in community-clinics, will have fewer hospitalizations, with fewer hospitalization days and the legal status will tend to be voluntary, more than involuntary hospitalizations. First results will be presented.

4115

Implementation of a Culturally Adapted Arabic Version of IMR among Arabs in Israel

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Facilitators and Barriers in the Implementation of a Culturally Adapted Arabic Version of Illness Management and Recovery (IMR) among Palestinian Arabs in Israel

Objective: The growing emphasis on evidence-based practices (EBPs) has made it more likely for people with serious mental illness (SMI) to receive effective services delivered with high fidelity (Bond & Drake, 2019). Illness Management and Recovery (IMR) has been implemented in several countries including Israel. This study examines, from the perspective of Arab practitioners, facilitators and barriers in the implementation of a culturally adapted version of the IMR intervention among Arabs with serious mental illness in Israel.
Method: Fourteen Arab practitioners who delivered the culturally adapted IMR participated were interviewed.
Results: The analysis of the interviews identified facilitators and barriers, divided into universal and culture-specific ones.
Conclusions: The study identified facilitators and barriers in the implementation of the adapted IMR in Arab society in Israel. Identifying these can contribute to the implementation of evidence-based practices (EBPs) in the mental health area in Arab society.

4116

Implementing recovery-oriented innovations during COVID-19 pandemic: What did we learn?

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Background

Transforming mental health services to recovery-orientation is a policy priority worldwide. In Canada, the national Mental Health Strategy[1] and the Guidelines for Recovery-Oriented Practice[2] have guided this transformation. In this presentation we will present results from a study on implementing the Recovery Guidelines during the pandemic. Seven organizations across five provinces in Canada that provide services to people with mental health issues were guided through a process to select a recovery-oriented innovation, plan for its implementation and roll-out its implementation. At the time of the COVID-19 and strict lockdown measures, six of the seven organizations had begun implementing their chosen innovation (peer workers, Wellness Recovery Action Planning facilitator training, staff training on recovery and a family support group).

Methods

During May and June 2020, we conducted twenty-seven semi-structured interviews with implementation team members including staff, managers, service users, and providers of the recovery innovation. Our goal was to: a) record implementation outcomes during Covid-19, and b) identify the contextual factors that influenced organizations to continue or postpone implementation of recovery-oriented innovations in the early months of the pandemic. Interview guides and analysis were based on the Consolidated Framework of Implementation Science (CFIR).

Results

Four implementation outcomes were observed at this snapshot in time: a) continued implementation with adaptation; b)postponement with adaptation and estimated relaunch date; c) indefinite postponement with no decision on relaunch date; and d) no implementation of innovation yet. Four factors distinguished between more or less positive implementation outcomes:1) adaptability of the innovation, 2) implementation climate and relative priority in the organization, 3) available resources, and 4) formally appointed internal implementation leaders. Regardless of implementation outcome, external policies and incentives, that is, COVID-19-related external policy for this study had a negative influence, while leadership engagement had a positive influence.

Conclusion and contribution of the study

The COVID-19 pandemic is an unprecedented situation that impacted on the implementation of recovery-oriented interventions. Our findings identify the key factors that shaped the course of implementation of recovery-oriented innovations over this turbulent time. It is possible that these factors are relevant to other extreme outer setting factors (e.g. natural disaster, economic crisis, etc.). Thus, it is important to consider adopting specific strategies to optimize implementation during different implementation stages.

[1] Mental Health Commission of Canada. *Changing Directions Changing Lives: The Mental Health Strategy for Canada*. Calgary, AB 2012.
[2] Mental Health Commission of Canada. *Guidelines for Recovery-Oriented Practice.* Ottawa,ON 2015.

4117

Mental health reform and the treatment of physical illness for persons with severe mental disorders

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Introduction: Cardiovascular diseases (CVD) and diabetes constitute major causes for premature death in people with severe mental illness (SMI). Yet, inequality in medical care for this population has been consistently reported, including in Israel, which has a national health insurance law. In July 2015 the country transferred the responsibility for mental health services from the Ministry of Health to the four not-for-profit health maintenance organizations (MHOs). The main objective of the mental health reform was the provision of psychiatric services as an undivided component of the health services provided by the MHOs. One of the expected outcomes of this change was the improvement of community health services to persons with SMI. Thus, the current study is testing if medical care to persons with schizophrenia or bipolar disorder and comorbid diabetes or CVD has improved following the reform. **Methods**: The data are based on patients' records collected during 2012-18, 3.5 years before and after the reform. For persons with schizophrenia or bipolar disorder and comorbid diabetes data are collected on measures of diabetes care, including laboratory tests and medication use, while for persons with comorbid CVD data rely on laboratory tests, medications and CVD-related surgical interventions. To control for changes of health services during this period service users with SMI will be compared with a group with no psychiatric diagnoses in a case-control design with a ratio of 1:5. **Results**: A preliminary study of the respective data source identified 2,458 persons diagnosed with schizophrenia and 2,037 with bipolar disorder. Their records will be compared before and after the reform, as well as to a comparison group of persons with no SMI diagnose. The performance of medical procedures, visits to general practitioners and specialists, medicine utilization and surgical interventions will be tested.**Conclusions**: Our database will shed light on the question of whether the right for equality in health services is observed among persons with severe mental illness following the mental health reform.

4118

Stigma toward mothers with serious mental illness in Jewish ultra-orthodox society

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Stigma towards individuals with serious mental illness (SMI) drastically limits opportunities in a wide range of areas of life, including fulfillment of social roles which are important in the process of recovery and rehabilitation.In the Jewish ultra-orthodox society, a religious-collectivist society with unique characteristics, the role of motherhood is highly valued as it presents one of the main goals of women. The aim of this study was to examine the stigma towards women with mental illness, mothers and non-mothers, in ultra-Orthodox society. In addition, the study examined main effects of psychological flexibility, gender and previous contact with person with SMI on the attitudes toward SMI and also the possible moderating effect of these variables in the relationship between attitudes toward SMI and motherhood. 150 adults from the ultra-Orthodox society participated in the study. Each participant was given a vignette depicting a woman who is a mother (yes/no) with SMI (with/without). Participants then answered an attitude and social distance questionnaires to assess their stigma toward the figure depicted in Venetia.Hypotheses were that high level of stigma toward women with SMIcompared to women without SMI will be found, and that this stigma would be higher toward mothers compared to non-mothers with SMI. In addition, it was hypothesized that contact with individual with SMI would reduce negative attitudes toward women with SMI and women in comparison to men would express more positive attitudes toward mothers with SMI than men. Also, psychological flexibility was hypothesized to reduce stigma. A possible moderating role of these three variables was also explored.Findings: high levels of stigma were found towards women with SMI regardless of whether these women were presented as mothers or non-mothers. In addition, no significant effect was found for contact or gender on stigma. However, there was a moderating effect of psychological flexibility. Among participants with low psychological flexibility, higher levels of stigma were observed towards mothers with SMI compared to non-mothers with SMI, whereas among participants with high psychological flexibility no differences were found.Conclusions: In contrast to the findings in the general population in Israel, In the ultra-Orthodox society no higher stigma levels were found towards mothers compared to non-mothers with SMI. However, it found that psychological flexibility moderates the stigma towards women with SMI and motherhood. In addition, it seems that contact is not appropriate good strategy for reducing stigma in ultra-Orthodox society, as in other social groups.

4119

Forced to Flee. Co-designing a peer-led community approach to support the mental health of refugees

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Background: The process of displacement and resettlement often contributes to higher levels of mental distress for refugees. Access to health care for refugees is challenging due to language barriers and a lack of understanding of how access help. These factors contribute to the adverse health outcomes experienced by refugees as one of the most vulnerable groups within the UK.

This study will harness the collective skills of refugees, researchers, and service providers to develop and evaluate a peer-led model to support the mental health of refugees.

Research Aim: To co-design a peer-led model and test if it is acceptable to refugees.

Methods: We will use Experience-based Co-design to develop the PSW model, which will be tested for acceptability in a 9-month trial using qualitative methods in two UK sites.

EBCD: Interviews, observations, and focus groups with refugees and professionals will provide data through which we will identify key issues known as emotional ‘touchpoints’. Touchpoints capture significant personal and subjective experiences in relation to service needs and health concerns. Over a series of co-design workshops with providers and users, touchpoint data will be used to help shape the PSW model. These workshops will also develop the PSW training and delivery manuals, refugee-facing materials, and help identify outcome to measures for a future trial. A workshop will also help us refine the programme theory of how the model will work. Data collected and evidence from our literature review will inform this process along with refugee and service involvement during the workshops, which will consist of around 20 people.

Acceptability and feasibility test: Six PSWs will receive training to provide the new support model. The workers will then work with up to 10 refugees each over a 9-month period. PSWs will enter into a narrative dialogue with each refugee to help understand what is contributing to their distress and help them identify mental health goals to improve this. They will also help them identify suitable community activities and services to help them achieve their goals. We will interview refugees in contact with PSWs (n-16) at 3 time points to assess their experiences of the PSW model, if it is acceptable, and if and how it has been helpful. PSWs will be interviewed to garner their experiences of delivering the model and what benefits or disbenefits they might have experienced. Data from interviews and focus groups will inform adaptations to the approach.

4120

Exploring the relationship between attitudes towards psychiatric medication and patterns of use.

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Background and aim: Treatment guidelines for Serious Mental Illness (SMI) recommend psychiatric medication as the core treatment, yet only about half of those administered medication use it as prescribed. There is growing recent evidence that psychiatric medication has diverse impacts on various outcomes over time, which may help explain why non-adherence is so common. The current study focuses on the inner experience and attitudes towards medication and patterns of use among persons with SMI.
Method: Fifteen people who were diagnosed for a SMI, with a defined psychiatric disability, and who had been hospitalized at least one time in the past, participated in a semi-structured interview. The interview explored their subjective experience of using psychiatric medication and its relation to their patterns of use. All interviews were recorded, transcribed, and analyzed using structure narrative and thematic analysis until saturation was reached.
The thematic analysis revealed ongoing complex interactions overtime between three major themes and different patterns of medication use. The three themes included: A) the experienced impact of medication (e.g., side effects, changes in symptoms), B) inner dialogue about the trade offs of use and dilemmas it generates, and C) external forces which influence the inner dialogue. These themes interacted with four patterns of medication use: 1) adapting the recommended prescription and continuously adhering 2) mostly adapting the recommended prescription with the exception of non-adherence 3) attempts to taper/reduce 4) determination to completely tapper.
Conclusions and Implications: The current study expends traditional models which emphasize the link between a narrow definition of attitude and adherence, by revealing the ongoing interactions between the subjective experience, inner dialogue and dilemmas, and over timetrade-offsxternal forces and patterns of use over time. The findings help reveal and portray the more complex reality of these often emotionally charged and conflictual issues. We will discuss the findings implications for ways to prescribe, assess and discuss evaluated impact and support provider-user alliance and discussion about choices of care.

4121

Creating evidence for community mental health within a complex system of primary and specialist care

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Community and primary care mental health continues to be a vibrant but contested area, but with limited evidence to support systems to make decisions in their development. NHS England is 'transforming' services with new investment following the publication of the Community Mental Health Framework (CMHF)(2019). This initiative aims to address inequalities and fill gaps in care for individuals diagnosed with chronic depression and anxiety, PTSD, Personality Disorder and psychosis. It aims to do this by funding new mental health workers to work with primary care and the voluntary sector.

In this symposium we report on a trial aimed to generate evidence and two projects designed to support systems in transformation take an evidence informed approach to their 'transformation'. Four short presentations will be followed by group discussion.

1.The PARTNERS2 practice based cluster randomised controlled trial of 198 individuals with psychosis and bipolar evaluated effectiveness of a primary care based practitioner providing person centred collaborative care. This the first presentation of the results at a conference.

2. The realist informed mixed methods process evaluation of PARTNERS involved interviews and observation. The realist analysis aimed to understand how PARTNERS had been put into practice and whether there were deviations from what was intended.

3. In the PARTNERS3 study we have started embedding PARTNERS care into two systems delivering the CMHF. We are learning that while PARTNERS is aligned with CMHF ambitions the newly configured services are not always receptive to embedding a new intervention.

4. In our CMHF evaluation of 3 pilot sites we have the reverse aim - to learn from local innovation and share it across sites. Embedded researchers work alongside teams with new roles delivering new pathways. Early learning indicates that culture, role changes and collaboration all contribute to successful innovation in stressed system.

Discussion to generate ideas relevant to the ENMESH community will focus on:

The practice and organisation of care required for a sustainable mental health system Research methods that may be required, as alternatives to trials, to generate good enough evidence in a dynamic complex system.

4122

Evidence-based Methods in Rural Areas - National guidelines for mental health services

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Despite innovations in psychosocial interventions for people with mental health problems, access to evidence- based interventions for this population is still low in Sweden, especially for those living in rural areas. National guidelines operate as a fundamental part of efforts to improve health and social care and bridge the research-practice gap. The latest National Guidelines for Schizophrenia in Sweden were released in 2018. The evidence-based psychosocial methods contained in these are prioritized for implementing in Sweden. While considered most effective in addressing the complex needs of adults with serious mental illness, these methods have historically been difficult to implement in rural areas. The intervention studies that build the evidence are often based in large cities with more resources for specialized care, which confounds the already complex process of implementing these methods in a Swedish context.

The challenge of implementing EBM in real-world contexts is not unique to Sweden, A common theme in the literature is that of developing collaborations between researchers who are experts on implementing evidence- based methods, and practitioners who are charged with delivering these services in a relevant and effective manner to their clients.
This study aimed to develop and test the feasibility of regionally based “research-practice collaborations” (RPC), in order to implement EBM in rural areas. In a first phase, the conditions and challenges for implementing the national guidelines were surveyed through a document analysis and a collective field study of rural municipalities. In the second phase, RPC:s were established in three regions in northern Sweden, in order to develop local implementation models. The third phase, with which we are currently working, involves the adaptation and translation of methods which the local communities requested, and build on a series of workshops in which the essential components of these methods will be adapted and implemented with regard to local conditions and resources.

The initial results and findings of the initial studies will be presented, which include the attitudes towards research- or evidence-based methods in relation to the local needs and perspectives on applying knowledge in practice in rural areas. The model which we have developed to work in partnership with local groups to adapt specific methods will also be presented and discussed.

4123

Perceptions and experiences in the "Professional Practice Of experiential knowledge" course.

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Background: Rehabilitation workers with lived experience in the field of mental health (MH) (hereinafter: peers) are people with psychiatric challenges who support others in similar conditions. Peers historically originate from self-directed initiatives. Yet in the past 2 decades, peers are increasingly implemented in MH fields. Peers' integration in the MH system is a significant asset for service recipients and staff. However, implementation of peers in non-peer modeled services requires unique support. The course" *Professional Practice Of experiential knowledge*"responds to this need by teaching practice tools uniquely developed on peer principles and knowledge from lived experience (Grundman et al., 2020). Itseeks to support participants' development of work-role identity and their use of personal narrative. Participants are encouraged to explore their own story and identify the recovery processes which can be useful to embed in their peer work. In addition, it helps to develop reflective tools for managing peer-based and recovery-oriented helping skills.

The aim of the present study is to learn about the experiences and learning process of participants in the course.

Methodology: A multimodal case-study approach was employed combining: five semi-structured interviews with five participants and two with the course lecturers. In addition, the first and last lessons of the course were recorded and analyzed. Relevant group materials such as ROPP self-assessment (Moran, 2018) and photovoice products were also included in the analyses. Interview data is being analyzed using thematic analysis (Braun & Clarke, 2006) and integrating into it various visual and self-assessment sources of data (Patton, 1990). The researcher herself is a social worker and consumer provider, informing the research from a PAR perspective (Baum et al., 2006).

Current analysis:

Preliminary results from interview analyses so far include 2 main categories and related subthemes: (1) Participants' experiences: a. motivation, internal reflection, narrative making and peer identity development. b. Conceptualizing lived experiences - learning a practical model on how to work with one's life experience s. c. Feeling a sense of belonging and part of a greater community; (2) Impact of global and individual events on group cohesion (Covid-19, suicide of a course participant, etc.).

Contribution: The findings from this study have practical implications regarding the course participants learning experiences and its implication on training. They will inform about training development and highlight further challenges. We will develop guidelines describing training processes and characteristics that support successful use of experiential knowledge in the MH field.

4124

The impact of an admission to a Prevention and Recovery Care service in Victoria, Australia

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Prevention and Recovery Care (PARC) services are residential sub-acute services in Victoria, Australia that are guided by a commitment to recovery-oriented practice at a state and national policy level. The evidence regarding the effectiveness of this service model is limited, largely relying on small, localised evaluations. This study aimed to undertake a statewide investigation into the personal recovery, perceived need for care, wellbeing, and quality of life outcomes experienced by consumers.

Methods:

A longitudinal cohort design with repeated measures across four time points (T1-T4) examined the trajectory of self-reported personal recovery and other outcomes for consumers with a residential stay during a 12 month period in nineteen Victorian PARC services. Recruitment and interviewing were conducted by trained research interviewers who included people with lived experience. Survey data were collated to observe patterns and changes in all measures over time, using mixed effects linear regression with random effects to account for the repeated measures from individuals. The Questionnaire about the Process of Recovery (QPR) was the primary outcome measure.

Results:

290 people were recruited at baseline (T1) with an attrition to 114 by T4. Participants scored more highly on the QPR at all three timepoints compared to the T1 score. Kessler 10 (K10) scores significantly improved from baseline (T1) to all later time points. Warwick Edinburgh Mental Wellbeing Scale (WEMWBS), Recovering Quality of Life (ReQoL), and Assessment of Quality of Life – 8D (AQoL8D) scores significantly improved from T1 to T2. The scores for these measures were then sustained at each subsequent post-intervention time-point. All changes to the Living in the Community Questionnaire (LCQ) and Perceived Need for Care Questionnaire (PNCQ) proportions were in a positive direction.

Conclusion:

Overall the findings provide a positive message about the benefits of PARC services, with evidence of significant improvement in personal recovery, quality of life, mental health and wellbeing following an admission to a PARC service. Attention needs to be given to how to sustain these improvements over time.

4125

Fixing a broken system: Evidence Regarding Models of Care

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This rapid review was undertaken at the request of The Royal Commission into Victoria (Australia)'s Mental Health System (RCVMHS) to update existing evidence regarding models of care for people living with severe and persistent mental illness (SPMI) and complex multi-agency needs. This review, with consumer and carer critical commentary, identified and included:

- historical insights on how the Victorian model of care for people with SPMI has eroded over time and why;
- a perspective on the evidence that is guided by fundamental values and principles including consumer choice and control, and personal recovery, as well as human rights;
- the most significant research contributions of relevance to Victoria;
- a 'best bets' approach to identifying appropriate models of care; and,
- narrative on the evidence-based interventions that need to be considered for inclusion in any model of care for consumers living with SPMI and multiagency needs.

The review provided a significant opportunity to identify the most appropriate and optimal models of care and recognize that the needs of people with SPMI should be a paramount consideration when so many experience high levels of coercion, poor physical health and personal recovery outcomes, and social exclusion.

The review found best practice levels of evidence regarding models of care including supported accommodation/housing first and assertive community treatment as well as others with promising and emerging practice evidence. This review supported important recommendations subsequently made by the Royal Commission to address what they described as Victoria's 'broken' system of care .

4126

Roofing: A Scientifically-Informed, Community-Based Emergency Support Model for Suicide Prevention

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Roofing: A Scientifically-Informed, Community-Based Emergency Support Model for Suicide Prevention

Introduction:
MOSHE's model is based on four professional developments in suicidology:
Community as a vital, critical source in suicide preventionInterpersonal psychological theory of suicide (Joiner, 2007)Scientific work on self-criticism (Shahar, 2015)Influence from bio-ecological models
Methods:
Based on recognized practices, MOSHE's Roofinglife-saving methodology prevents suicide by "helping the person off the roof." The intervention utilizes community resources to create a safety net and shield the person at high risk of suicide.

A trained volunteer ("Mosha") is appointed to rally Emotionally Close Persons (ECPs) in the sufferer's world ("the Circle");ECPs engage the sufferer in meaningful activities and shield him/her from suicidal impulses;Concurrently, referral to/liaison with Professional Services are employed.
Results:
Since its inception in 2017: 229 circles were opened.Moderate-to-severe suicide risk levels. Only two suicide attempts were made; only two deaths by suicide. Archival material suggests a clear drop in risk, manifested by:
Increased help-seeking Improved functioningA tightened social ecologyReduced self-criticism
Conclusions and Future Aims:

MOSHE's unique community health model is the only one of its kind in Israel that provides a solution for the sense of helplessness, confusion, and general fatigue experienced by ECPs of people at risk of suicide. MOSHE builds community resilience by preventing suicide through community intervention circles.

MOSHE’S unique features:
Use of the natural social environment (ECPs);Practical empathy as a mode of communication;A tangible (vs. virtual) response to the sufferer;The only organization of its kind in Israel.
Future directions:
Expanding the service;Testing using rigorous research;Liaising with other suicide prevention agencies;Forming a national coalition.

4127

Enablers and Barriers to Recovery-Oriented Psychosocial Disability Support

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Using principles of codesign, this project aimed to outline best practice in recovery-oriented psychosocial disability support (ROPDS), provide guidance for improving Australia's National Disability Insurance Scheme's (NDIS) psychosocial workforce capacity in recovery-oriented practice (ROP), and outline the capabilities for enabling ROP in the NDIS context. A consistent national picture of the recovery-oriented capabilities required for psychosocial disability support workers was developed via a synthesis of the literature and other resources including, industry knowledge, policy and practice guidance, training initiatives and consultations with service users, carers and staff. Enablers and barriers to NDIS delivered Recovery-Oriented Psychosocial Disability Support (ROPDS) were identified. The ROPDS workforce capability domains include person-centred, supporting personal recovery, collaboration, communication and coordination, and social determinants and social inclusion. The barriers to ROPDS emerged in relation to worker-participant relationship, choice and control, human rights, collaboration, evaluation, accountability and quality assurance, and ROP training. The project led to recommendations that aim to strengthen recovery-oriented psychosocial disability support in the NDIS context.

4128

A longitudinal investigation of the moderating role of media consumption during COVID-19

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The current study longitudinally examined the moderating effects of consuming different types of media (i.e., formal – news; and informal – social media, WhatsApp) in the association between COVID-19 related worries, intolerance of uncertainty (IU) and post-traumatic stress symptoms (PTSS). Data were collected at two time points during July and September 2020, with approximately 60 days between measurements. Results showed that both COVID-19 related worries and IU were found to be positively associated with PTSS. A moderating effect of formal media consumption was found, so that when one's formal media consumption was high, he or she were most vulnerable to the above-mentioned effects on the development of PTSS. Our findings point to the interactive effects of both COVID-19 worries and IU with media consumption on the development of PTSS. Even though media consumption might provide information during uncertainty, it may also intensify PTSS during times of crisis. Implications and limitations are discussed.

4129

Patient safety problems in adult community-based mental health services: A qualitative exploration.

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Introduction: Existing research has seldom examined patient safety problems experienced by mental health service users who access care within community-based services. Indeed, the accumulating evidence base in this field, together with national mental health patient safety improvement agendas, have largely focused on safety in psychiatric inpatient settings. Consequently, there is a lack of clarity over what constitutes ‘safe care’ in community-based mental health services, and of the principal risks to safety perceived by service users, carers, and healthcare professionals.

Objectives: This study aims to explore patient safety problems in community-based mental health services for working-age adults, their causation, and priority areas for improving the safety of care in these settings.

Methods: In-depth, semi-structured interviews and focus groups were conducted with users of community-based mental health services, carers, and healthcare professionals employed within these settings. Interview topic guides were designed jointly with stakeholders from these groups (*n*=7), piloted (*n*=3), and adapted iteratively before data collection commenced. Participants were sampled purposively, such that study data reflect the experiences of service users (*n*=13), carers (*n*=12), and healthcare professionals (*n*=18) of a range of ages, genders, and ethnic backgrounds, from different types of community-based mental health service. Interviews and focus groups were transcribed and will be coded and analysed using an inductive thematic analysis approach. Illustrative quotes will be extracted to exemplify the key themes that emerge from the analysis and their inter-relationships.

Results: Preliminary analyses indicate a broad range of safety concerns, which will be reported on in this presentation. Challenges or delays in accessing appropriate community mental healthcare constituted a prominent issue. Service users and carers perceived care teams to be reactive, rather than proactive, in their approach to identifying and managing risks, resulting in potentially preventable safety incidents or patient deterioration. Staffing shortfalls and high turnover were barriers to providing comprehensive, safe care, leading to disruptions to care coordination, omission of important care activities, and information handover problems. Improved waiting times, support for carers to keep service users safe at home, staff education and training, and enhanced digital systems for information sharing, were discussed as priorities for improving safety.

Conclusions: This study will help to advance understanding of the nature of patient safety problems in community-based mental healthcare services for adults, based on the experiences of service users, carers, and healthcare professionals within these services. The research represents an important step towards identifying priority areas for interventions to improve patient safety.

4130

Media exposure and anxiety during COVID-19: a 5-country international study

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Previews studies during the COVID-19 pandemic have already demonstrated the pros and cons of consuming media during COVID-19 crisis. However, there is a significant lack of international studies comparing between different cultures and countries. In a global disaster such as the COVID-19 pandemic, which had spread simultaneously around the world and become a major global issue, it is important to investigate whether amongst different countries, media consumption will differ in its association with anxiety. The present study aims to fill this gap in literature by investigating the association between formal media (news), informal media (social media, WhatsApp), country of living during the outbreak of the pandemic(Israel, India, USA, Ecuador and Colombia), and levels of anxiety resulted from the pandemic. Results showed that while in Israel formal media consumption was negatively associated with anxiety, in India and Ecuador formal media consumption was positively associated with anxiety. Our results highlight that media consumption has a multifaceted meaning, which are probably influenced by the context and the way it is accessed.

4131

A scoping review examining patient safety problems in adult community-based mental health services.

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Introduction: Mental health services have been largely absent from the wider patient safety movement, wherein over two decades of research have informed the development of several interventions to advance safety in healthcare services. Existing research into patient safety in mental healthcare is limited, with particular evidence gaps within community-based mental health services, where the majority of care is provided. To date, reviews of mental health patient safety literature have focused primarily on inpatient settings.

Objectives: The objectives of this systematic scoping review were to identify and synthesise literature about patient safety problems in community-based mental health services for working-age adults, their contributory factors, and evaluated safety interventions in this care context.

Methods: We conducted a systematic search (last updated on 23rd October 2021), across five databases: Medline, Embase, PsycINFO, Health Management Information Consortium, and Cumulative Index to Nursing and Allied Health Literature, with an additional search of grey literature and handsearching. The search strategy focused on three elements: ‘mental health’, ‘patient safety’ and ‘community-based mental health services’. Retrieved records were screened at title and abstract level, with full-text screening of longlisted articles. An existing framework, the Yorkshire Contributory Factors Framework mental health services adaptation (YCFF-MH) was used to map identified contributory factors to safety problems.

Results: Included studies described a range of specific patient safety incidents, such as self-harm, patient suicides, and diagnostic errors, and reported on broader care delivery problems which impact care safety. Identified literature examined issues stemming from communication and information handover amongst clinical services, untreated or undertreated physical health consequences of psychotropic medications, and problems concerning the assessment and monitoring of risks. Identified contributory factors to these problems, corresponding to different domains of the YCFF-MH, included individual staff and team factors, training and education factors, and the influence of external policies. Finally, a range of intervention studies focused on issues such as self-harm prevention, improving medication safety, and ameliorating communication issues.

Conclusion: This study provides important insights into patient safety problems, contributory factors, and safety interventions in adult community-based mental health services, as described in the evidence base. Our findings point to gaps in existing intervention literature, which warrant investigation. For example, research should aim to identify effective interventions to improve care for patients at risk of suicide in primary care, to improve systematic medication side-effect assessment in secondary care services, and to address unmet care needs which may contribute to patient deterioration.

4132

Utilization of psychosocial interventions and their predictors in people with severe mental illness

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Patients with a severe mental illness should receive guideline-based treatment, but translation of recommendations into routine care is often suboptimal. In a cross-sectional study with 397 participants (with severe mental illness, both sexes, 18-65 years old), we assessed the extent to which patients with severe mental illness received recommended interventions of the evidence- and consensus-based German guideline on psychosocial interventions for people with severe mental disorders. We also analysed if strength of recommendation, availability of interventions or other regional or individual factors predict the utilization of psychosocial interventions.

The results indicate that service utilization is associated with strength of recommendation, but interventions with weak recommendations were used more frequently than interventions with strong recommendation. Other regional and individual factors also show an association, but in a complex and inconsistent picture.

In sum, current utilization of psychosocial interventions is not based on the strength of recommendation. However, no other generalizable predictors for receiving or not receiving an intervention could be identified, indicating that reasons for service utilisation are complex.

4133

Integrating the benefits of green and blue spaces into mental health services

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Background

The possible therapeutic benefits of engaging with ‘green’ (open landscapes) and ‘blue’ (open water) spaces have been identified (Twohig-Bennett, 2018) but do not appear to be routinely considered in the design, delivery or evaluation of mental health services. Exposure to nature can improve physical and mental health but more evidence is required to understand the complex processes by which exposure to green and blue spaces can support people with mental health problems (Britton, 2018), and how these benefits can be facilitated by mental health professionals.

Methods

This was a participatory research project and the research team included co-researchers who had experience of mental health problems. It was part of a wider programme of research exploring how to address the alarming inequities in the physical health of people with mental health problems. We used a co-produced mixed-methods design to identify the impact of spending time outdoors on mental health and wellbeing in both mental health service users and a general population sample. Thematic analysis of eleven qualitative interviews informed the design of a quantitative survey ($N \geq 1500$) which collected data on experiences, barriers and facilitators of accessing green and blue spaces. Mental health diagnosis, medication use and the Warwick-Edinburgh Mental Wellbeing Scale was used to measure current wellbeing.

Findings

Qualitative thematic analysis of the data demonstrated that mental health service users recognise the benefits of green and blue spaces but highlighted some of the barriers to access and enjoyment. Comparative analysis of data from the general population and mental health service users explored commonalities and differences. The findings suggest that integrating engagement with green and blues spaces into mental health services could be a relatively accessible and efficient component of support.

Conclusions and implications

Supporting mental health service users to spend time outdoors can be an effective way of improving wellbeing. There are a wide range of individual and collective approaches to engaging with nature. This project also demonstrated how the co-creation of knowledge can help connect research, practice and the outcomes valued by people using services. The implications for the design, delivery and evaluation of mental health services will be discussed.

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4134

Trauma and the mental health of children and young people in Northern Ireland

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Background

Geographically Northern Ireland is a small country on the periphery of Europe which, politically, is part of the United Kingdom. It was created by the Government of Ireland Act 1920 which partitioned the 32 counties of Ireland into the six counties of Northern Ireland and the 26 counties of the Republic of Ireland. An important aspect of its history has been the violent political conflict, sometimes referred to as ‘the Troubles’, which from 1969 until the Good Friday Agreement in 1998, dominated politics and life in Northern Ireland. Since then there has been greater exploration of the complex and ongoing impact of the Troubles on mental health.

Method

This was a cross-sectional random household survey, conducted between June 2019-March 2020, which collected data on over 3,000 2-19 year olds, and 2,800 parents. The design was informed by international advances in the understanding of trauma and the need to better understand the specific impact of the Troubles. The International Trauma Questionnaire Child and Adolescent version (ITQ-CA) was completed with 11-19 year olds; and the Adverse Childhood Experiences (ACEs) Questionnaire with 11-19 year olds and parents; and questions on the impact of the Troubles and ongoing paramilitary activity were completed with parents. Standardised instruments were also used to enable estimates of prevalence of mental health problems.

Results

Based on the ITQ-CA, the majority (63.2%) of young people did not report any direct trauma exposure and 36.8% of the participants met the trauma exposure criterion for PTSD. There was a positive and statistically significant correlation between parent ACE exposure and child ACE exposure, although the strength of association was weak, pointing to both continuity and discontinuity between generations in terms of the level of ACE exposure. Overall, intergenerational continuity/discontinuity rates were 60/40% for no ACEs and 56/44% for any ACE exposure. 17.1% of parents reported that someone close to them (a friend or family member) was killed and 22.9% reported that someone close to them was physically injured. In terms of the ongoing impact of paramilitary activity, 38.8% of parents agreed with the statement “Paramilitary groups create fear and intimidation in this area” and 44.0% agreed with the statement “Paramilitary groups contribute to crime, drug-dealing and anti-social behaviour in this area”.

Conclusion

The impact of trauma, including Troubles-related trauma, should be an important aspect of addressing the social determinants of mental health and the development of mental health services in Northern Ireland.

4135

Effectiveness of collaborative care for severe mental illness: the PARTNERS2 cluster RCT

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Background:

Individuals living with severe mental illness (SMI) can have significant emotional, cognitive, physical and social challenges. Many people with SMI in the UK do not receive specialist mental health care, instead seen only in primary care.A significant policy shift in the UK prioritises better integration between primary and secondary care. Collaborative Care is a system of care which includes clinicians from primary and secondary care working together, proactive review, and psychological support.It has not been tested for SMI in the UK.We aimed to evaluate if a primary care-based collaborative care model (PARTNERS) would improve quality of lifeforpeople with diagnoses ofschizophrenia, bipolar, or other psychoses compared to usual care.

Method:

We undertook arandomised controlled superiority trial, randomised at a 1:1 ratio at GP practice level.Participants with diagnoses of schizophrenia, bipolar or other psychosis received either the PARTNERS intervention or usual care.Our primary outcome was quality of life, measured using the Manchester Short Assessment of Quality of Life (MANSA) at 9 to 10 months.

Results:

Our trial was conducted in four areas in England.We recruited 39 GP practices and 198 participants. The follow up rate was 86%.Mean change in overall MANSA score did not differ between the groups(0.25 (0.73) for intervention vs 0.21 (0.86) for control).We also found no difference for any secondary measures. Safety outcomes (e.g. crises, acute episodes) did not differ between those receiving and not receiving the intervention. While the costs of intervention and control were similar there is insufficient evidence to draw conclusions about the overall cost-effectiveness of PARTNERS.

Conclusions:

While PARTNERS was not shown to be superior to usual care, the change to PARTNERS care was not shown to be unsafe.Therefore, although collaborative care may not improve patient outcomes compared to usual care, it might still be considered an appropriate method of care to operationalise the current UK policy changes. Key components of the PARTNERS model could be developed further and tested to this end.

4136

Process evaluation of the PARTNERS2 trial of collaborative care for severe mental illness

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Background:
In the UK, many people diagnosed with severe mental illnesses (SMI) are supported mostly in primary care.They often have poor physical health and complex biopsychosocial needs.NHS England seeks to break down barriers between services to improve care for this population.Collaborative Care is a potential tool to deliver these changes, yet here is little evidence indicating how and why this might work for individuals with SMI.Recovery models of care emphasising service user decision making are also favoured, but with limited evidence as to how these might improve outcomes in a primary care setting.The PARTNERS service is a collaborative care model which utilises recovery-based coaching for people with psychosis and bipolar based in primary care.This 'realist' process evaluation of the randomised controlled trial for PARTNERS2 includes an assessment of fidelity to the theory model, the factors affecting whether practitioners took up the model and how it was experienced by service users.

Methods:
Realist process evaluations aim to refine the 'theory' of an intervention by describing what happened, and why.We undertook realist interviews with practitioners, service users, supervisors and primary care,investigating how, why and in what circumstances the PARTNERS model was and wasn't implemented.We also recorded sessions and collected practitioner reflective logs.Evaluative coding against frameworks of the existing programme theory were used to create practitioner and service user level case studies.Deductive and inductiveanalysis was used to assess fidelity and refine theory through what happened (Outcome), why (Mechanism) and in what circumstances (Context).

Results:
Practitioners delivering collaborative care coaching needed sufficient time to understand the model and make changes to their practice.Prior practitioner experience can act as a barrier to working equitably with service users, but as a facilitator in collaborating with other professionals. Service users value having a 'professional friend', experiencing improved confidence.However wewere unable to see substantial changes in agency – self belief and ongoing change in behaviour -or subsequent quality of life.

Conclusions:
Learning to deliver PARTNERS required sufficient time for change and was affected by practitioner experience.Service user outcomes were limited by long-term disadvantages in this population.Refinements to the model include taking more account of existing skills and experience in changing to a model of 'coaching for recovery' and linking with other professionals. There is a requirement for both supervision and from the wider system to deliver this complex intervention.

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PARTNERS3: adopting and adapting a complex intervention for individuals with severe mental illness

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Background:
The PARTNERS2 research programme was co-designed with service users to address the needs of people with a serious mental illness (SMI), so that they can receive better support in primary care. Having completed a randomised controlled trial and process evaluation of a complex intervention for a person-centred goal- and coaching-based approach, we are now putting the knowledge gained from PARTNERS2 into practice as part of the England's Community Mental HealthFramework transformation programme. Our aims are to adapt, evaluate and refine components of the PARTNERS intervention (supervision, coaching approaches and integration of care) to support systemsof care suited to those with psychosis and bipolar, and other with low motivation or a need for ongoing support. This will contribute to policy guidance for individualising the support of people with SMI, about half of whom are not currently care for by specialist services.

Methods:
We held a series of workshops with two systems, adapting the PARTNERS model to their settings, and trained practitioners. We are conducting a qualitative study in the systems, informed by the consolidated framework for implementation research (CFIR). Data collection involves:semi-structured interviews with system change leads, supervisors, trained intervention practitioners and service users;recordings or observation of intervention sessions between the practitioners and service users; and records of contacts with service users, and practitioner reflective practice logs.

Results:
We have identified complex social structures in the transformation systems are which affect the systems' ability to take on and adapt the PARTNERS intervention. Within these settings, both senior and less experienced practitioners' characteristics have a further effect. The new transformation services have been set up for short term interventions, and shifting this to allow PARTNERS to operate required bringing in the 'authority' of service users, researchers, system change leaders, and permission from local managers.

Conclusions:
Having previously developed and refined the programme theory that underpins the PARTNERS model, we are now establishing the knowledge required for implementation – adapting and running the model in complex challenging systems. Attention to the implementation climate and characteristics of individuals, outside of a trial setting, are fundamental to both successful adaptation and delivery and for the development of policy guidance.

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Evaluating complex system change in community mental health

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Background

UK health care provision does not meet the needs of people with moderately severe mental health problems: including those meeting criteria for diagnoses of psychosis, complex depression or personality disorder. The gap has been created with arbitrary thresholds meaning service users may be denied care for being too complex for CBT or not risky enough for secondary care. Rejected referrals lead to distress. Discharge can occur with little/no support. The care gap also does little to support the increased physical health problems in this population.The Community Mental Health Framework – a policy launched in 2019 in England aims to close the care gap, remove arbitrary thresholds of care, and encourage work with primary care and voluntary sector providers.Twelve sites across England were awarded early implementer status for this system transformation.

Methods

In this Realist service evaluation we embedded researchers into three early implementer sites – joining the service teams and mainly working remotely during the pandemic. We have explored the mechanisms utilised to create transformation, and how, why and when these mechanisms create system change and improved outcomes for service users. We analysed observations of both single- and multi-disciplinary care allocation meetings, interviewed staff across the care system, interviewed those receiving ‘transformed’ care, and reviewed electronic health records.The aim was understand to what extent system change has taken place and what might create, enable, or hinder these change. We report the detailed findings of one site (population 550,000).

Results

Interim analysis suggests that top-down culture and language change, alongside funding for new roles, can together create systems where different services and team work together to ensure care is offered to all with a mental health problem. For example promoting "open doors" meant staff across teams believed that they should work together to make access to care a positive experience. COVID-19 conditions demonstrated that co-location is not an absolute pre-requisite to achieve joint working. Changes may be aided by pre-existing matching values in middle management and frontline staff. Barriers to change include real and perceived staff shortages and demand increase, sometimes creating a default back to previous ways of working.

Conclusions

Deliberate efforts to change culture – how practitioners think and act collectively - can contribute to system transformation. Relationship building by frontline staff members working across the system is key to integrated working. Whole system change is required to minimise defaults to previous ways of working.

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Common Mental Disorders and Coping Strategies amongst Internally Displaced Colombians

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Mental health is a key issue for populations affected by conflict. The evidence base on the mental health of internally displaced Colombians is undefined, as well as protective strategies utilised by this group. This systematic literature review aims to identify and assess the evidence base on the mental health of Colombian internally displaced persons (IDPs). Specific objectives are to examine (1) prevalence and incidence rates of common mental disorders (CMDs) amongst adult Colombian IDPs, (2) risk factors associated with CMDs amongst this group, and (3) coping strategies used by these displaced persons. A database search was conducted in May 2021. Included studies reported quantitative and/or qualitative mental health outcomes of CMDs, and/or coping strategies, among Colombian IDPs. The search yielded 34 articles that met inclusion criteria (27 quantitative, 5 qualitative, and 2 mixed-methods). PTSD prevalence ranged from 1.2%-97.3%, anxiety from 0.0%-60.0%, depression from 5.1%-100%, and problematic alcohol use from 8.0%-33.5%. Factors significantly associated with CMDs were inconsistent. Seeking social support and problem-solving strategies were the two most-commonly reported coping strategies. Associations between mental health and coping were lacking across the included articles. Modalities for supporting coping and mental health include strengthening social support networks and exploring community-based engagement and participation.

4140

Meaningful Activities and Recovery (MA&R). Findings from a multicenter RCT

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Introduction: Engagement in meaningful activities (occupational engagement) is a human need and may support the process of recovery .Evidence is lacking regarding mental health interventions that enable engagement in meaningful activities, and powered effect studies are warranted. In this trial, we hypothesized that occupational engagement can be altered when opportunities and support are offered at an individual and a group peer-based level. We developed an intervention, called Meaningful Activties and Recovery (MA&R). MA&R consits of eleven group sessions and eleven one-on-one sessions, delivered by a peer-worker and an occupational therapist. The aim of MA&R is to inspire and support participants to identify and engage in activtives that are meaningful and that promote wellbeing.

Methods: A multicentre two-armed parallel randomized controlled trial (RCT), invesitgating the effectivenss of MA&R in community mental health centres in Copenhagen and municipality services in Denmark.
The primary outcome was self-reported occupational engagement, measured by Profiles of Occupational Engagement in People with Severe Mental Illness. Secondary outcomes are recovery, functioning and quality of life. Data was collected at baseline and at eight months follow-up, at the end of the intervention.

Results: Between 2018 and 2020, 136 participants were enrolled in the trial. Participants were randomized to one of two groups: (1) MA&R in addition to standard mental healthcare or (2) standard mental healthcare alone. At eight months follow up, no significant difference between intervention group and control group was found in occupational engagement, nor in fuctioning, recovery or quality of life.

Discussion: The results showed that MA&R was not superior to standard mental healthcare when it comes to enabling occupational engagement, or supporting personal recovery, quality of life or functioning. A qualitative study was undertaken to explore participants perspectives on MA&R and experiences with occupational engagement during and after the intervention.

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The Role of Intersectionality in Providing VR Services among Minorities with Disabilities

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State vocational rehabilitation programs in the United States are designed to assist persons with disabilities achieve their employment and education goals by offering services such as vocational counseling and guidance, job placement services, and funding for higher education. As our country continues to diversify, the needs of minorities continue to be neglected in vocational rehabilitation research and practice. Receiving vocational rehabilitation services has been shown to be difficult for minorities as this population is often faced with many unique barriers including language and cultural barriers and encounters with racism and discrimination. Furthermore, vocational rehabilitation counselors are often not equipped with the unique skill set to best serve the needs of this population. A starting point in working with this population is learning and understanding their views of disabilities.In this presentation, the researchers will discuss the outcomes of a qualitative study on the views of disabilities among minorities in the United States. To align with the holistic and person-centered approach utilized in vocational rehabilitation research and practice, emphasis is placed on intersectionality and on the role of religion and spirituality. The researchers will also discuss best practices for rehabilitation counseling professionals working with this population in our attempts to successfully assist them in reaching their education and employment goals.

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Cognitive Appraisals and Psychological Distress Explain the Relationship between Sociopolitical Stress and Intimate Partner Violence among Palestinians in Israel?

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Cognitive Appraisals and Psychological Distress Explain the Relationship between Sociopolitical Stress and Intimate Partner Violence among Palestinians in Israel

Enduring continues conflict with the Jewish majority group, negative stereotypes, national racism, cultural\national incongruity, community and political violence, may put the Arab-Palestinian national minority at risk for psychological distress. Consequently, it may lead to maladaptive behaviors, such as involvement with violence including IPV.

The purpose of this study is to examine the relationship between exposure to national stressors (i.e., personal experience of racism, collective experience of racism, and minority stress) and intimate partner violence (IPV) perpetration among Palestinian adults in Israel. The study also examined the mediating role of psychological distress and cognitive appraisal of stress on this relationship, while controlling for gender, education and history of trauma. A systematic semi-random sample was reached and included 770 adults (500 women) and (270 men), age ranged 21-66 years (M = 38.7, SD = 7.84). Participants filled out a self-administered questionnaire composed of several instruments, which were adapted to the Arabic language and to the socio-cultural and socio-political contexts of the Palestinian society in Israel. Results of path analysis indicate that personal experience with racism, significantly and directly, predicts IPV perpetration. While each of minority stress and personal experience with racism, significantly but indirectly predicts IPV perpetration via psychological distress. Further, each of minority stress and collective experience with racism, predicts IPV perpetration, serially, via chain of cognitive appraisal and psychological distress. In conclusion, exposure to sociopolitical stressors impacts Palestinian couples' dynamics directly, but also likely through its impact on their psychological distress, as well as through their decreased perceived self-control and challenge appraisals. These dynamics are also impacted through increased appraisals of uncontrollability over these stressors, which in turn, greatly increase their reported psychological distress and thus increase Palestinian men and women risk of partner violence perpetration.

The findings provide new insights that help to explain IPV perpetration among Palestinian men and women. Findings may have implications for professionals who work with stigmatized national minority populations and victims of racism. Cognitive appraisal of sociopolitical stressors may represent an important psychological resource or risk factor from which practitioners can draw to combat psychological distress and IPV perpetration.

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Welfare consequences of early-onset Borderline Personality Disorder: a nationwide study

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In this nationwide study, we aimed to estimate the educational and employment outcome and health care costs of patients with early-onset Borderline Personality Disorder compared with matched controls. We included information on all patients below 19 years (N=171) with first diagnosis of BPD in the Danish Patient Register (NPR) during the period 1983-2015. Health care costs and socioeconomic variables extracted from Danish registers of the patients were compared with 677 controls. At the age of 20 years, BPD patients had reached a statistically significantly lower educational level (including lower primary school grades) and employment status compared with the controls. When adjusting for the parents' educational level, BPD patients were nearly 22 times more likely to be unemployed (OR=21.7, 95% CI 11.9, 39.6), and nearly 15 times more likely to be on disability pension (OR=14.8, 95% CI 5.0, 43.9) than controls. Furthermore, the total health care costs were more than 8 times higher in the BPD group. Early onset of BPD was associated with lower educational and vocational outcome and increased health care costs as early as at the age of 20 years. The patients have poorer outcome than the control group even after controlling for the parents' lower socioeconomic status. Initiatives to support patients in finishing school and secondary education is highly needed. The study concludes that future prevention and early intervention programs should target patients with early-onset BPD and their families.

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Collaborative care approaches for people with severe mental illness: A Cochrane systematic review

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Background: Many with severe mental illness (SMI) do not have their physical health or biopsychosocial care needs met due to disjointed service provision. Collaborative care is a potential tool to deliver better care; it has an established evidence base in relation to depression. We aimed to review evidence regarding effectiveness of collaborative care compared to standard care for SMI in relation to quality of life, mental state, personal recovery and psychiatric admissions.

Methods: We searched the following trial registers: Cochrane Schizophrenia Group, Cochrane Common Mental Disorder Group, Cochrane Central Trials Study-Based Register for randomised controlled trials (RCTs) where the intervention was described as ‘collaborative care’, the control was standard care, and participants were 18+ and living in the community with a diagnosis of schizophrenia, bipolar or other psychosis. We also searched Ovid MEDLINE, Embase and PsycINFO, and contacted experts in the field. Screening, data extraction and quality of evidence were dual assessed. Quality and certainty of evidence were assessed using Risk of Bias 2 and GRADE. For dichotomous data, we calculated the risk ratio and for continuous data we calculated standardised mean differences, presented alongside 95% confidence intervals. Random-effects meta-analyses were used due to substantial levels of heterogeneity across trials.

Findings: Eight RCTs (1139 participants) are included in the review. Although all included studies tested interventions described by the triallists as ‘collaborative care’, in only one of the included studies did this intervention meet the Dunn definition of collaborative care. Most outcomes are of low or very low quality of evidence. There is little evidence to suggest that collaborative care improves quality of life, mental state, or the risk of being admitted to hospital, at 12 months; this evidence was of low to very-low certainty.

Conclusions: There is minimal evidence in this review that collaborative care is more effective than standard care. Confidence in these findings is extremely limited due to low quality of evidence; we would not recommend making clinical decisions on the basis of this review. This review highlights the need for more large, well-designed, conducted and reported trials investigating collaborative care in order to support evidence based clinical and policy decisions.

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The effect of artistic practices on mental health and well-being.

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The effect of artistic practices on mental health and well-being. An exploratory qualitative and quantitative study.

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Introduction

Adolescents dealing with mental health problems created the idea for “SPOT”; a safe place where you can discover your talents by developing in the arts. SPOT offers a low-threshold program, supervised by art teachers, in which the arts themselves play a central role. It is emphatically not a treatment like creative therapy, in which the arts are a means of accessing and expressing feelings. At SPOT, the arts themselves are the goal. Although SPOT has a different focus than creative therapy, it was also seen within SPOT that vulnerable young people not only experience great pleasure in making art or theater, but also start to feel stronger and show more self-confidence. A focus on artistic development could contribute to psychological well-being of these young people in a turbulent phase of their lives, especially during the COVID-19 pandemic. Our exploratory study aims *to gain insight into the effect of regular participation in artistic activities at SPOT on the psychological well-being of the youngsters and to get a better understanding of the mechanisms underlying these effects.*

Target group

Youngsters who currently receive mental health treatment, youngsters who are waiting for mental health treatment and youngsters with mental issues but not having treatment or being on a waiting list (yet).

Methods

The study is a co-design from the start in which the youngsters are actively involved in SPOT.

Quantitative: youngsters who participate in SPOT fill in questionnaires about their psychological health and well-being at certain moments.

Qualitative: semi-structured individual in-depth interviews about their personal experiences at SPOT, related to possible changes in psychological well-being. The qualitative part provides the necessary broader context and insight, so that the quantitative data can be explored in more detail. The Delphi method is used to (inter)actively involve the respondents.

Results

The data can provide insight in the way the risk of developing more serious psychological disruption could be reduced by artistic practices.

Conclusions

We will present the results and considerations for future research and ongoing evaluation of the project.

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Mental healthcare professionals physical fitness & activity and their referral practices to exercise

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Physical activity (PA) interventions can improve mental and physical health of people with mental illness, especially when delivered by qualified exercise professionals. Also, the behaviour, engagement and support of referring mental healthcare professionals (HCP) seems essential, but research is scarce. We aimed to study HCP’s physical fitness and PA, and associations with their attitudes and referral practices related to physical health and PA interventions.

HCP at the Dutch Association for Psychiatry congress (2019) were invited to an online questionnaire (demographic/work characteristics, stress, PA levels, knowledge/attitudes regarding PA and referral practices) and cycle ergometer test. Strongest associations were analysed using linear and logistic regression.

115 HCP completed the questionnaire. 40 also completed the ergometer test. 43% (n=50) met national PA guidelines (≥150min moderate-to-vigorous PA and ≥2x bone/muscle-strengthening exercises a week). Women, HCP interns/residents and HCP experiencing more stress were less active and less likely to meet PA guidelines. Conversely, there were positive associations with personal experience with an exercise professional. Knowledge/attitudes on physical health and PA were positive. Patients were more likely to be referred to PA interventions by HCP who met PA guidelines (OR=2.56, 95%BI=0.85–7.13) or had higher beliefs that exercise professionals can increase adherence to PA interventions (OR=3.72, 95%BI=1.52–9.14).

It is positive that HCP report importance and relevance of PA in mental healthcare. Although there is strong evidence and guidance for PA interventions in prevention and treatment in people with mental illness, referral to such interventions

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An urgent need for a stepped approach toward mental health care in France

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France is spending 2,54% of its GDP for mental health care (according to OCDE which evaluated the EU mean at 2,49%). Despite this spending and the deployment of quite a lot of resources, the mental health system is very negatively evaluated by its actors and the patients and their families.

The presentation will be based on the use of: 1) data from the national health system (SNDS), in particular from its component resulting from the medical information statement in psychiatry (RIM-P), which collects for all establishments or services authorized in psychiatry precise and exhaustive information on the hospital and outpatient care 2) data from the health insurance information system (Sniiram) for the care of private psychiatrists. The exploitations on exhaustive data on a complete year (2018) will be done along the diagnostic typologies of the patients, noted according to the international classification of the diseases version 10 (CIM10).

The results will show that specialized means are often "asphyxiated" because they are not focused on priority audiences. The gradation of the offer and especially its correspondence with the different levels of needs will appear thenas a major issue of the French psychiatric care system, which is currently difficult to understand and therefore inefficient . The system is unable to differentiate the needs for “mental health care” to be covered by the primary health care system: general practitioner supported by psychologists, actually out of pocket cost, and the “psychiatric care” free of charge covered by the psychiatric specialized system. It is therefore necessary to “filter” access to the psychiatric system, through prior orientation or consultation from a “front line” professional. An experiment has been conducted, authorizing the payment by the National health care insurance of psychotherapies carried out by liberal psychologists, on prescription from the attending physicians, that will be extended nationwide. By taking into account the potential severity of pathologies and their specific care needs, which are themselves set out in good practice recommendations from the Haute Autorité de santé (HAS) and international literature, it will be then possible to set up a “graduated” approach as needed, matching the levels of seriousness of the pathologies with the levels of specialization taking in account the necessary differentiation of patients . This has to be done according to age groups: children, adolescents, adults, elderly people, which require specific approaches.

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Mental Health Care in Germany during the COVID-19-Pandemic – Results from the COVID-Ψ-Studies

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The COVID-19 pandemic posed many challenges for mental health care systems: E.g., infection protection and social distancing measures had to be implemented, inpatient capacities for patients with severe mental illness (SMI) and co-occurring SARS-CoV-2 infection had to be created, fears of infection may have made patients with SMI on the one hand reluctant to utilize mental health services but on the other hand the burden of lockdown-measures, the accompanying economic turmoil and reduced mental health and psychosocial services may have led to an elevated demand and COVID-19-vaccinations had to be organized for the SMI-risk group.

To document these changes and challenges and its consequences, we initiated the COVID-Ψ-studies within the network university medicine's EgePan research project, funded by the German Ministry of Education and Research (BMBF): The COVID-Ψ-Psychiatry-Survey, COVID-Ψ-Psychosomatics-Survey and COVID-Ψ-Outpatient-Survey surveyed head physicians and directors of psychiatric and psychosomatic clinics/departments and outpatient psychiatrists. Changes of utilization during the first two COVID-19 pandemic high incidence peaks (spring 2020 and winter 2020/21), including consequences for the care situation, experiences with telemedicine services, hygiene measures and treatment of SARS-CoV-2-positive mentally ill patients were assessed. The COVID-Ψ-data-studies used health insurance funds routine data to systematically quantize changes in the utilization of psychiatric, psychiatric-pharmacotherapeutic and psychotherapeutic inpatient and outpatient services stratified by pre-defined diagnostic groups. The COVID-Ψ-Vac-Study examined vaccination rates in inpatients with SMI in comparison to the general population and risk factors for non-vaccination in SMI populations.

The COVID-Ψ-Psychiatry-Survey found a decrease of mental health inpatient service utilization to 80% of the 2019 levels and of day-clinic services to 50% and 70% respectively during the high incidence phases (HIP) in spring 2020 and winter 2020/2021. Reductions were mainly due to decreases in elective admissions and creation of capacities for patients with co-occuring SMI and SARS-CoV-2-infection, whereas emergency admissions stayed unchanged or increased. The COVID-Ψ-data-studies showed significant declines in inpatient admissions during both high incidence phases, whereas the number of incident cases in the outpatient mental health system declined significantly during the first HIP but not during the second HIP. The COVID-Ψ-Vac-study found complete COVID-19 vaccination rates lower in the inpatient SMI population then in the general population, that however could be elevated to similar levels by targeted vaccination programs.

We will discuss main findings of the studies and their political implications and compare them with results from other regions.

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Prevalence, impact and management of tiredness antipsychotic side effects: systematic scoping review

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Background

Many with mental health conditions take antipsychotic drugs long-term. Tiredness-related side effects (e.g., fatigue and sedation) are regularly reported by antipsychotic users. However, the prevalence, impact and management of these side effects in long-term antipsychotic users living in the community is not well understood. We aimed to review evidence addressing the prevalence of these side effects in long-term antipsychotic users living in the community, the impact of these side effects on users, and potential management strategies.

Methods

We included quantitative and qualitative studies. Participants needed to be 18+, prescribed antipsychotics for a mental health diagnosis, and living in the community. For prevalence, participants needed to have taken antipsychotics for 12+ months and less than 50% of the study participants prescribed other sedating medications (e.g. antidepressants).Systematic searches of MEDLINE, PsychInfo and CINAHL were undertaken. Data were extracted using a pre-specified tool. A narrative synthesis of data was undertaken. Meta-analysis of prevalence rates was not possible due to large variation in methodology across studies.

Results

Early results indicate 56 included studies, of which 35 address prevalence, 19 impact on users, and 17 management strategies. Methodological details in included studies were often precursory: trials included limited detail of how adverse events were collected; many studies provided little/no definitions for ‘tired’, ‘sedation’, ‘fatigue’ etc. Prevalence rates vary by gender, specific drug, and research design; drug efficacy trials showed lower side effect rates than cross sectional and naturalistic designs. Notwithstanding this, tiredness-related side effects are commonly the first or second most prevalent side effect. Quantitative designs reporting impact focus on numerical values of indicating high levels of distress and mixed effects on adherence rates; qualitative designs highlight the negative impact of sedation, fatigue and excess sleep on social functioning and wellbeing. Management strategies are limited to modifying antipsychotic drug, or utilising Modafinil adjunctives; with little evidence of efficacy of the latter, and the former limited by side effect profiles of alternative antipsychotics (e.g. increased metabolic risk). Full results will be presented at the conference.

Conclusions

Practitioners and policy makers should be aware that tiredness-related side effects of antipsychotics persist in long-term users in their care, that these side effects are distressing and impact users lives. Methodologists should consider clarity in reporting how trial adverse events are collected, and consider unified definitions of terms such as ‘fatigue’ and ‘sedation’. Further research is required to formulate and test effective interventions to tackle these side effects.

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ARIADNE: Stakeholder views for improving mental health care for ethnic minorities - initial themes

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Introduction

It is well known that individuals from Black, Asian and minority ethnic populations living with serious mental illness report poorer experiences of statutory mental health care. This has been found to occur as a result of differential perceptions of care and treatment, that have exacerbated existing mental and health inequalities. Independent report findings of the death of David 'Rocky' Bennett pointed to concerns of institutional racism. This needs to change. In response to the global public health Covid pandemic and the galvanising of opposition to racial injustice spearheaded by the Black Lives Matter Movement, arresting conversations again spotlight the disproportionate poorer outcomes of ethnic minority populations. As mental health services strive to cope with the increasing demand, the need for service level reform responses is now urgent. Acknowledging the structural disparity that persistently impacts the experience of these populations served, this research seeks to identify and develop practical actionable 'touchpoint' actions as a 'doing' implementation response to providing improved mental health care to these groups whom it seeks to serve.

Objectives

The purpose of the research is to explore the experiences of ethnic minority service users, carers and service professionals, to co-produce and implement actionable change for the experience of care and treatment provided to these populations.

Methods

Using a nested design comprising three methods; qualitative interviews (n=88); focus groups (n=8) and participatory workshops (n=12), an experience-based co-design (EBCD) was implemented over 12 months. Four mental health NHS Trusts throughout England were selected: Coventry, East London, Manchester, and Sheffield. Two lived experience peer researchers were employed together with and a 12-person Lived Experience Advisory Panel of individuals identifying as being of Black, Asian or Minority Ethnic heritage residing in the community of each research site.

Results

Findings from the qualitative interviews identified four themed domains; service delivery challenges specific to ethnically diverse populations; potential strategies for change; intervention action priorities and the contextualising factors relevant for change implementation. Site specific priorities and implementation actions addressing the mental health care for Black, Asian, and ethnic minority populations will be discussed.

Conclusions

Focusing the point of care mental health experience of minority ethnic populations through experience-driven participation, the care and responses for Black and Asian minority ethnic service users may begin to materialise as healthier outcomes.

4151

Realist Case Study Evaluation of Mental Health Care in Sexual Assault Referral Centres in UK

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Sexual Assault Referral Centres (SARC) are one stop services where people can get health interventions (such as tests for HIV, pregnancy, sexually transmitted infections), emotional support and a forensic examination following a sexual assault. Research from the UK and other countries indicate there is a high level of mental health needs in sexual assault survivors, but SARC clinical guidance lacks detail on how this could be addressed. The MIMOS study (2018-2021) was commissioned by the National Institute of Health Research in the UK to address how mental health and drug and alcohol needs are identified, as well as what works in terms of treatment and support, and how SARCs work with other partner agencies.

This study aimed to identify what works for whom under what circumstances in relation to addressing mental health and drug/alcohol needs of people who attend SARCs.

Method

A typology of SARC services in relation to how they addressed mental health and drug/alcohol needs was developed from a national survey. Six SARCs were picked from 3 types for case studies. The case study data consisted of documentary analysis, and a series of interviews and focus groups with SARC staff, staff who worked in local partner agencies and those who attended the SARC themselves (survivors). The data was collected by video-call and recorded securely in Microsoft Teams. The data was coded using the programme theories identified by a realist review of evidence. A series of "if, then" statements were generated. Data was analysed within and between case studies.

Results

Despite mental health and substance use needs being high amongst those who report sexual assault, the SARC services do not have expertise in mental health screening and assessment. Crisis workers provided emotional support and demonstrated trauma informed interactions which proved really helpful to those who used the services. Generally speaking, most SARCs do not have any in-house counselling or other mental health provision and rely on referring to external agencies. SARC staff spoke of challenges in referral model such as long waiting lists and not always being aware of what is available locally. Survivors found that external generic mental health care did not always effectively integrate their recent trauma and did not feel they understood the specific issues relating to sexual trauma.

Conclusion

Given high mental health and substance use needs of people who experience sexual assault should have their needs assessed and access to appropriate care and therapy.

4152

Access to psychotherapy upon referral by the GP in France : experimentation and results

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In France, despite clinical guidelines supporting psychotherapy as the main treatment for mild to moderate anxiety and depressive disorders, general practitioners (GPs) have long relied on psychotropic medications as first line treatment, in the absence of available reimbursed psychotherapies.

In 2018, the French Social Health Insurance organisation (*CNAM*) set up a large-scale experiment to address this issue. General practitioners (GPs) from four French territories (*départements*) could refer patients with incident mild to moderately severe anxiety or depressive disorders, and no psychiatric comorbidity, to registered private-practice psychologists/psychotherapists, for an initial evaluation followed by up to 20 sessions of supportive and then structured psychotherapy (with mandatory advice from a psychiatrist) if needed. All sessions were funded by the CNAM and free of charge for the patient.

In order to assess the benefits of and fine-tune these new referral pathways, before a possible roll-out, a broad interdisciplinary evaluation framework was set up in 2019, relying on qualitative (interviews) and quantitative data (surveys and two cohorts) to address : 1) the feasibility and uptake of the experimental pathway; 2) clinical benefits; 3) spillovers and organisational impacts; 4) budgetary impact and efficiency. In this presentation, we will describe the experimental pathway, the evaluation framework and the main results of the evaluation up to date.

The uptake of the experimental pathway has been large. As of January 2022, 3900 general practitioners and 730 psychologists and psychotherapists have been involved in the pathway. Nearly 36 000 patients have been enrolled and have undergone 358 000 psychotherapy sessions in total.

Surveys among participating professionals conducted in October 2020 showed that large groups of GPs and psychologists/psychotherapists were supportive of the experimental pathway and asked for its roll out, albeit with adjustments, notably regarding administrative burden, patient inclusion criteria and the tariff of psychotherapy sessions.

Preliminary baseline results of the two cohorts that have been set up (in experimental and in non-experimental territories) show concomitant treatment changes for patients that are referred to psychologists/psychotherapists, with reduced rates of anxiolytic, anti-depressive and hypnotic drug prescriptions.

Qualitative interviews with GPs, psychologists and psychiatrists, in addition to the surveys, explore further issues, such as the challenges of collaborative and interdisciplinary care.

Overall, the evaluation has so far shown support for the roll-out of an updated GP-pscyhologist/psychotherapist referral pathway that was announced in September 2021 in the wake of the COVID-19 pandemic. Details on implementation are under discussion.

4153

Affordable access to psychotherapeutic care: the Belgian experience

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Income-related equity and affordable access to psychotherapy is an issue in several countries, in particular in social insurance care systems, where a substantial part of psychotherapy is delivered by private providers outside of the health insurance scheme. In addition, in these conditions, information about psychotherapy access is often lacking. Yet, the sanitary crisis related to the COVID-19 pandemic has dramatically increased the mental health care needs of the population, particularly in socially deprived groups with low incomes and poor social capital, i.e. those who are more at risk of poor access to psychotherapy.

In this context, Belgium has considerably been extending a previous pilot policy that aimed to reimburse a limited number of first-line psychotherapeutic sessions since January 2022. Within the framework of the extended policy, child and adolescent, adults, and older people are given access to a maximum of 20 individual psychotherapy sessions per year at a price of 11€, or 4€ for people with the lowest incomes. There are also specific features for group sessions. Sessions can be delivered at the psychologist's office, at home, or online. Psychologists need to be registered with one of the 32 mental health care networks that are managed by psychiatric hospitals, networks acting as quality controls. Psychologists receive 75€ per session from the social insurance scheme. The total budget for the reimbursement of psychotherapy sessions was quadrupled, reaching a yearly amount of 152 millions €.

The new policy is complementary to the reform on care service networks for people with severe mental disorders that has been implemented for ten years. It introduces a radical change in mental health care provision principles. However, some issues are still to be tackled. Only a few psychologists are currently registered with networks and information on psychotherapy access is still lacking. Networks lack effective indicators and information in order to assess care needs and distribute the resources equitably on their catchment areas. Finally, no clear guideline was established about how to apply quality controls. Therefore, hospitals and community services having a strong leadership in care networks might favour the use of resources for their own psychologists. At the system level, a successful policy could result in an important increase of the use of psychotherapy that could, in turn, engender an important increase of budget costs.

4154

Collaborative care for mental disorders in primary care in France: patient perspective

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Mild to moderate mental disorders, including anxiety and mood disorders, affect a large share of patients followed up in primary care in France but remain largely undiagnosed and untreated in this setting. Improving access and quality of care for such disorders requires a better coordination between general practitioners (GPs) and specialized care. The collaborative care model, initially developed in the US, relies on multidisciplinary teams with dedicated case managers working alongside GPs; a populational approach with regular screening and case reviews between case managers and a psychiatrist working remotely; evidence-based care including supportive or structured psychotherapies delivered by case managers or psychologists; and standardized questionnaires for the follow-up of patients. In France, a pilot study of this model has been implemented since September 2021 in four primary care practices with differing organization and local contexts, including primary care teams and GPs working in solo practices, and relies on nurse case managers with a former professional experience in psychiatry. While the efficacy and efficiency of the model has been proven in the US, implementation studies are necessary to explore other national settings of primary care and offer a focus on patient experience.

In this context, and in the frame of a broader multidimensional implementation research, our specific objectives for this presentation are to document uptake and experience of the collaborative care model among patients in the initial stages of its development in France. This research relies on a mixed method design combining quantitative and qualitative approaches. In the quantitative phase, we will use register data filled in by case managers – notably including indicators on patients' participation and clinical outcomes. In the qualitative phase, we will carry out qualitative interviews on a purposive sample of patients using an ad hoc interview guide focusing on complementary dimensions of patient experience.

We will present preliminary evidence on the barriers and facilitators to the implementation of the collaborative care model in primary care in France based on the patient's perspective. We will also question these findings considering exploratory results on health professionals' experience and the broader dynamics underway to improve care for mild to moderate mental disorders – which will be discussed in the other presentations of the symposium. Finally, we will conclude on the opportunity to support the development of the collaborative care model at a larger scale based on the first findings of our implementation research.

4155

MIMOS Study: Analysis of Routine Data of Psychological Outcomes for People with Sexual Abuse

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Background

Evidence indicates psychiatric services often under-detect service user experiences of sexual assault.There are a growing number of studies which examine the clinical presentations of psychiatric service users who report a history of sexual assault and which evaluate the effectiveness of psychological therapies among those reporting a sexual assault. However there is a a paucity of evidence which compares the treatment outcomes of service users with and without a documented sexual assault.

Method

A retrospective case-control cohort study was undertaken as part of the MIMOS study using data drawn from an anonymised clinical database from a public mental health service in London. Inclusion criteria were people who had psychological therapy between January 2016 and December 2019, with outcome measure (CORE-OM or CORE-10) and a documented sexual assault during their lifetime. A further cohort of people without documented sexual assault but who met other criteria was extracted as a comparison group. Exploratory analyses included between-group comparisons of demographics, service use, therapy sessions delivered, CORE assessments and clinical outcomes. Pearson Chi-square tests were used to compare gender, age groups, ethnicity and deprivation quintile. T-tests were used to compare means of age last seen, pre- and post-therapy scores, service use.

Findings

A sample of 2,555 cases with a documented sexual assault and 2,456 individuals without a documented sexual assault (control) were identified from CRIS (n=11,929). Those with reported sexual assault had higher baseline levels of psychological distress but achieved improved outcomes post-treatment which are comparable to service users not reporting a sexual assault. When compared with comparison group, those with recorded sexual assault had increased likelihood of being female, from BAME backgrounds, and living in a deprived area, higher levels of psychological distress, were more likely to have been assigned clinically severe diagnoses, and had more current and historic risk factors for poor outcomes, including self-harm, substance use and family conflict.

Conclusion

Studies examining the clinical presentations of psychiatric service users who report a history of sexual assault identify that they have more complex presentations and higher levels of distress compared to service users who do not report a history of sexual assault. This study provides further support for these findings and expands on them by demonstrating that, despite increased pre-treatment complexities and needs, service users reporting a sexual assault achieve positive therapeutic outcomes that are comparable to service users who do not report a sexual assault.

4156

Moderators and Mediators of interventions to reduce stress in hospital staff: a systematic review

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Background

A stressful work environment in hospitals can lead to mental health problems among employees. In recent decades, various stress management interventions (SMIs) have been evaluated, including some SMIs aimed at hospital employees. However, there is a lack of knowledge about active ingredients and differential effectiveness of these interventions. Thus, this systematic review will provide an overview of moderators and mediators affecting the efficacy of SMIs in hospital employees.

Methods

Studies on SMIs for hospital employees with at least on moderator or mediator analysis were included in this systematic review. Studies had to use a valid stress scale and to be written in English or German. A search string was developed for each of the five selected databases (APA PsycInfo, APA PsycArticles, Embase, Medline, Web of Science) using the SPICE scheme. Abstract screening and fulltext-screening was performed by two authors, with a third author making the final decision in case of disagreements. One lead author extracted the data from the included studies. The risk of bias of the included studies was assessed using RoB2 or ROBINS I, while the quality of moderator analysis was assessed using CHAMPS. Effect direction plots were used to illustrate the results.

Results

Fifteen studies were included, and a total of ten different mediators and 22 moderators were tested. Fourteen variables related to psychological factors, six to demographic factors, five to work-related factors, four to the intervention itself, and three to the participant's biography. The following variables were tested more than once in the moderation analysis: Age, education, gender, site, years of employment at current hospital, and years of professional experience. Both eight mediators (Adherence to intervention, Isolation, Mindfulness, Non-reactivity to inner experience, Over-Identification with feelings, Observing inner experience, Psychological inflexibility, Self-Compassion) and eight moderators (gender job control, perceived stressfulness of residency, profession, socially desireable responding, spirituality, years of professional experience) impacted the interventions.

Conclusions

In general, psychological factors were the most frequently tested variables and most frequently influenced the interventions.This suggests that these factors are most important for psychosocial interventions. However, the assumed or demonstrated influence of moderators or mediators on interventions was rarely explained or interpreted in detail in the studies. In addition, variables were often tested in only one study, so they could not be compared. All of this underscores the need for a more thorough examination of mediators and moderators to better understand their impact on SMI implemented in hospitals.

4157

A Soteria house as a trust based institution in mental health - prospects and implications

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Soteria Hasharon was established in 2019 and was the third Soteria house in Israel. We started by allowing polyphony and stressed the importance of the work of the Melavim (the staff that works in shifts without necessarily having professional training) which gradually and spontaneously made us adapt a cooperative and trust based work model. Main characteristics of the model are lowering of hierarchies and less differentiation of professionals from lay staff members, financial and professional transparency, stressing the importance of personal development of the staff as part of the aims of the institution and shared decision making. We find this work model to be most beneficial for both clients and staff. As the Soteria model constitutes a community based treatment, building a strong therapeutic community allows clients to feel that they enter a home rather than an institution, and allows a very strong container for the processing of the intersubjective dramas that are a basic part of coping with severe mental disorders. As we have found this trust-based work model so essential for our work, we are in the midst of an attempt to change all of Soteria Israel towards this work model, which includes changing the management structure of the NGO to a cooperative one. We believe that there is a strong correlation between the structure of a mental health organization and the clinical care that it provides. This work model with its emphasis of the important role of non-professionals also presents a theoretical shift away from the strict categorization of psychiatric diagnosis towards a more dimensional and person specific diagnosis and care. We will present prospects and implications of the work model both for stabilizing homes and for other mental health institutions.

4158

User satisfaction and service engagement: The case of " Headspace" model in Israel

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Introduction: Youth integrated care services were developed to overcome common barriers to attending mental health treatment. Yet, engagement rates are low. Exploring youth satisfaction with treatment in integrated care can help increase engagement in treatment.
Objective: To study user satisfaction with Headspace, a youth integrated care service.
Methods: A longitudinal study of Headspace participants to investigate correlations between engagement to satisfaction with service, and clinical and demographic characteristics. A sample of 112 participants ages 12-25 who attended Headspace between March 2016 and June 2018were assessed in the middle (after 7 sessions) and end of treatment (n=71).
Results: Participants expressed a high level of satisfaction across all service aspects at the middle and end of treatment. The highest satisfaction rate was with the center's staff, and the lowest with personal treatment goal achievement. Only satisfaction with personal outcomes improved significantly over time, $F(2.39,70) = 28.35$, $p < 0.001$.
Conclusion: Youth reported a high level of satisfaction with the different service components, particularly with the staff's attitude and program accessibility. Moreover, Headspace can promote participants' satisfaction over time.

4159

Development of a self stigma coping Intervention For Adolescents with Psychiatric Disability

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Background: Psychiatric disorders commonly develop during adolescence, generating the considerable challenge to cope with the symptoms as well as social stigma and self-stigma. In Israel, there are 33 special education schools in the community and ten educational centers in Child and youth wards at mental health centers, attended by high school students with recognized psychiatric problems.

Objectives: The purpose of this study was to examine the feasibility and applicability of the 'Developing a positive identity and dealing with stigma' Intervention.

Methods:

An interdisciplinary collaboration between the Ministry of Education and the University of Haifa, yield the development of a manual-based intervention, based Illness-Management and Recovery (IMR) and Narrative Enhancement Cognitive Therapy (NECT) used with adults.

Results: Four trainings of the intervention offered by the Special Education Division and led by the University of Haifa team (2017-2021) were attended by 80 educators and therapists, who carried out approximately 50 groups attended by nearly 300 students in various special educational settings.

Conclusions: Collaborations between the field and academia are needed and can lead to timely and effective methods to address real-life problems and improve education, mental health and well-being. We discuss lessons learned and implications for future practice and research.

4160

Recovery from the first contact: the Recovery Oriented intake

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Introduction

We developed a method to bring the principles of recovery (talents, strengths and goals of the client are central) into the first meeting of a client with a mental health service, the intake. In this recovery-oriented intake (ROI) the clients were asked what happened, what are their strengths and vulnerabilities, where do they want to go in life and what support do they need. The intake was done by three professionals: a lead professional (LP:psychiatrist, psychologist or nurse-practioner), a coordinating professional (CP) and a peer expert.

Method

To test the effectiveness of the ROI, a cross-sectional comparative study design was used, in which the experiences of clients (18-65 years) with the ROI (N=57) were compared with clients' experiences with the intake as usual (IAU; N=70). This same comparison was made between LPs and CPs doing the ROI (N=38) or the IAU (N=35). Experiences between three types of intakers, LPs, CPs and PEs, were compared. Finally, the clients' evaluation of the intake was examined.

Experiences with the intake were operationalized as a) Quality of the Intake b) Attitude of the professional c) Self-management d) Satisfaction with the Decision made during Intake e) Confidence in the Decision f) Supported Decision Making (SDM) g) Equality between Intakers/Client h) Clients' Health.

Results

There were no differences between ROI and IAU clients in their evaluation regarding the Quality of the Intake, the Attitude of the Caregiver, Self-management, Satisfaction, Confidence in the Decision, SDM, Equality and Clients' Health. However, SDM was for LPs and CPs statistically significantly higher in the ROI.

Regarding the comparison between the three types of intakers from the point of view of the client, there were statistically differences in SDM, Equality and Clients' Health. The LPs scored consistently lower on all three dimensions compared to the CPs and PEs. Only on the SDM there was a significant difference between the CPs and the PEs, with the PEs scoring highest.

Finally, it proved that SDM and Equality from *clients'* perspective were statistically significant predictors for clients' evaluation of the intake, but not the variables regarding LPs' perspective.

Discussion

No immediate benefit was shown for the new method of doing an intake. The main differences in this study were found around the topic of SDM: the professionals experience more SDM in a recovery-oriented intake. Clients experience more SDM in the contact with the peer experts than with the other professionals.

4161

A first episode psychosis participants' profile: the NAVIGATE Israel initiative

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Objective: Israel was the first country outside of the US to implement NAVIGATE. In this presentations we will describe NAVIGATE clients in Israel with a focus on their clinical and demographic characteristics, patterns of use and their relation to outcome**Methods**: Analysis of registry data and clinicians' ratings of functional (GAF) and symptomatic severity (CGI) was collected at a community clinic in Bat Yam, Israel between 2017-2020 (N=68).**Results**: 75 percent were male aged 16-25 and had at least one psychiatric hospitalization and nearly half reported substance use. At program entry, the vast majority did not work (82%) or study (87%) and clinicians' ratings of global functioning revealed very low functioning (GAF, M=18) and severe symptomatic presentation (CGI, M=5.25). **Conclusion**: Consistent with findings from other international studies NAVIGATE seekers in Israel entered the program during a deep crises characterized by impaired functioning, communication and severe symptoms and substance abuse.

4162

Preliminary longitudinal outcomes of NAVIGATE clients: quality of life, recovery and function

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Introduction: Growing evidence suggests that outcomes for individuals experiencing first episode psychosis can be improved by a multicomponent mental health care package provided as early as possible following the development of symptoms . NAVIGATE was developed with this goal in mind and was shown to yield significant improvement after 2 and 5 years**.**

Objective: The presentation will focus on preliminary findings from the first prospective study of the impact of NAVIGATE outside of the US.

Method: Alongitudinal study was conductedat 6 NAVIGATE clinics.Participants (mean age, 25) with first episode psychosis and ≤6 months of antipsychotic treatment (N=60) were enrolled and assessed at baseline and after 6 months (N=19). The primary outcomes were Patient Reported Outcome Measures (PROMs) of their Quality of Life (QOL), Recovery and self rated global satisfaction.

Results: At 6 month follow up there was a significant improvement in QOL ($t=-.34$, $p<.05$), a non significant trend of improvement in recovery and an increase in percentage of patients working (from 22% to 37%) and studying (from 24% to 42%).

Conclusion: Preliminary results reveal improvement. Further research with a larger sample is needed to investigate the impact of NAVIGATE in Israel.

4163

Elucidating Female Autism Study (EmFASiS): optimizing screening for autism in females

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Background

Research has shown Autism Spectrum Disorder (ASD) affects higher numbers of females than previously thought. Presentation of ASD symptoms in females may differ from males, with regard to communicative abilities, masking symptoms, restrictive behaviors and sensory issues. Symptoms in females remain underrecognized as diagnostics in clinical practice are largely based on a male ASD phenotype. Screening questionnaires such as the Autism Quotient (AQ) are designed to detect ASD in males and for example do not explore sensory issues. This may lead to a delayed first diagnosis of ASD in females.

Aim

Develop and test an accompanying questionnaire to the existing AQ to facilitate screening for unidentified ASD in females.

Methods

Materials: Dutch language AQ (50 items) + 52 additional AQ-f items (based on literature, Delphi study with professionals and input from experienced experts).
Sample: Dutch general population sample (n=489; ♀=50.9%; mean age: 42.9 years); sample of ASD patients (n=153; ♀=60.1%; mean age: 37.8 years).
Analysis: Item selection based on item discrimination and Exploratory Factor Analysis, analyses of reliability (Cronbach’s α), t-tests andROC analyses.

Results

Fourty-nine items of the Dutch AQ (22 of 50 items) and additional AQ-f items (27 of 52 items) were retained for the AQ-f scoring. Five (partly new) underlying factors were identified: ‘social functioning and communication’, ‘initiative and social motivation’, ‘social intuition’, ‘sensory processing’, and ‘attention to detail’, explaining 50.8% of the variance. Internal consistency was excellent for both the Dutch AQ (α=.910) and the AQ-f (α=.946). The factors of the AQ-f had good to excellent internal consistency (ranging from α=.766 to α=. 919). Both instruments performed well at classifying individuals irrespective of sex (AUCs all > .9), no significant differences were observed between instruments. Both sexes with ASD scored significantly higher on the AQ and AQ-f compared to neurotypical individuals. Women with ASD had significantly higher AQ-f scores than men with ASD, but they did not differ on the AQ.

Discussion

The AQ-f appears to be comparable to the original AQ in terms of clinical/screening utility. The addition of AQ-f items to the existing AQ, however, offers a more accurate reflection of personal experiences and symptoms of females with ASD, as demonstrated by higher AQ-f scores for females with ASD compared to men with ASD. Better detection through screening and improved subsequent referral for further diagnostics, will lead to earlier identification of ASD in females and enhance their access to appropriate services if necessary.

4164

Implementing NAVIGATE in a multicultural society during a pandemic

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Introduction: There is growing awareness of the need for cultural adaptation of evidence-based practices to increase access and equality of care and to improve the effectiveness of mental health services. Implementing NAVIGATE which was developed in the US to the very different context in Israel poses many challenges and calls for the need for cultural adaptations.

Objective: The presentation will focus on the unique challenges and cultural adaptations required when implementing NAVIGATE with two diverse group of individuals from different theological and ethnic backgrounds: 1) Orthodox Haredi Jews in Israel with strict adherence to traditional Jewish teachings and law and 2) Israeli-Arabs often traditional and collectivistic group in which family and primary group relations are often central and most valued.

Method: Case presentations of implementing NAVIGATE with an orthodox Haredi Jew and Israeli-Arab.

Results: Cultural adaptations were required to implement NAVIGATE in a way that was experienced as relevant, useful and desirable for users and their family members.

Conclusion: Cultural adaptations are crucial to effectively implement Evidence Based Practices developed in Western culture.

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Implementing Narrative Enhancement Cognitive Therapy (NECT) among people subject to "double stigma"

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Background: Lesbian, gay, bisexual, and transgender (LGBT) individuals labeled with a serious mental illness (SMI) encounter the challenge of facing “double stigma.”
Purpose: Describe the process of a pioneer effort to implement Narrative Enhancement and Cognitive Therapy (NECT) with LGBT individuals who are also labeled with a SMI and thus subject to "double stigma".
Method: On the basis of 40 detailed written summaries of 2 NECT group sessions with LGBT individuals with SMI, written by the 2 group facilitators, main processes have been identified and will be presented.
Results: NECT groups provided an opportunity to explore experiences dominated by internalized stigma, using psychoeducation, CBT, and narrative techniques. Participation encouraged group participants to take an active stand against stigma and to re-examine internalized perceptions, which gradually generated a more integrated sense of self.
Conclusions: Results of implementing NECT with LGBT individuals also labeled with a SMI support the importance of meeting the unique needs of this population and emphasize the need to further develop knowledge and interventions aimed at reducing the negative effects of double stigma.

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Unmet needs and challenges in NAVIGATE: A qualitative study of three groups of stakeholders

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Introduction: Although NAVIGATE signifies a notable advancement in delivery of first episode psychosis services, it is important to assure optimization of its delivery and maximize its potentially positive impact. It is specifically vital to consider consumers' experience of services to ensure they receive the care best tailored to their needs and prioritized outcomes, as well as learn from the experience of their family members and practitioners.

Objective: The current study aims to explore the unmet needs of NAVIGATE stakeholders for the purpose of guiding optimization of the program.

Method: Twenty-four semi structured interviews with NAVIGATE clients, family caregivers and practitioners were conducted and thematically analyzed.

Results: Clients expressed needs for emotional support between sessions and for peer support. Family caregivers expressed needs for guidance between sessions, better access to information, peer support, and updates regarding clients' recovery. All stakeholders reported challenges working with the program's manual. In addition, four general challenges related to the aftermath of a first-episode psychosis were identified.

Conclusions: Exploring ways for better addressing these unmet needs may improve treatment satisfaction and outcome.

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EXPERIENCES OF PEER SUPPORT WORKERS IN UGANDA: A CASE STUDY OF THE UPSIDES PROJECT

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Introduction: Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and an agreement of what is helpful. Peer support in Uganda is new and growing.

Objective: We set out to explore the experiences of Peer Support Workers during the process of UPSIDES peer support work intervention at Butabika Hospital in Uganda.

Methods: Qualitative Data were collected in the context of a mutual support group reflection session held towards the end of the UPSIDES project. Data were transcribed, proof read and coded. Prevailing themes were identified and named. Analysis was done using the thematic analysis method.

Results: We describe the results of a final reflection session to identify how PSW were delivering support, their achievements, personal impact of Peer Support Work on the providers, their recommendation for sustainability of peer support work and challenges encountered.

Conclusion: Peer support work was both important and gratifying for the trained peer support workers. They advocated for government to make peer support a formal method of delivery of care and support in the health system and for more training of PSWs to be done in order to make Peer support work more readily available and more sustainable.

4168

Collectivism in Mental Health: The Case of Arab Society in Israel

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The importance of collectivistic cultural contexts in mental health has received greatly increased attention over the last two decades. Collectivism has been found to affect the development of mental-health problems, the idiom of distress, common explanatory models of illness, professional–client relationships, the utilization of mental-health services, and appropriate care practices. In this talk, I will present the implications of collectivism for different aspects of mental health, based on the case of Arab society in Israel.

The Arab minority in Israel comprises 20% of the country's entire population. This minority is young and suffers from a high level of poverty and unemployment, particularly among women. Arab society endorses collectivism, with particular concern for relationships and their maintenance. Individuals are interdependent within their respective in-group, mainly the family, and they do what their in-group expects of them. People in highly collectivistic cultural contexts generally prefer to present their mental health in specific idioms and ways, have unique patterns of help-seeking behaviors, and expect a hierarchical professional–client relationship. Using different studies conducted among different subgroups within Arab society, I will demonstrate how this social structure characterized by collectivism may impose additional stressors on those subgroups and lead individuals to prefer/develop somatic idioms of mental-health problems. The pattern of utilization of formal and informal mental-health services will be described, as well as the different barriers to the use of mental-health services. Special attention will be paid to different resources on the individual, familial, and communal levels, which assist in the process of coping with difficult times and promote mental health among the Arab minority.

This lecture will address the importance of being familiar with cultural dynamics, in general, and, in particular, the collectivistic influences that affect different aspects of mental health, as well as the intervention process. Appropriate answers for the mental-health needs of individuals who live in collectivistic cultural contexts must recognize cultural values as an integral and important part of every individual's development, mental health, idioms of distress, care practices, and interventions. There is a need for flexibility within the mental healthcare setting and openness to intensive learning during the providing of mental-health services in highly collectivistic cultural contexts

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Facing potential mental health adversities in refugees – possible prevention and treatment

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There has been an increase in numbers of trauma-affected refugees over the past decade. Emerging treatment outcome studies point to a large heterogeneity across treatment outcome studies and a lack of knowledge on robust predictors of treatment outcomes.

A more detailed understanding of patient-related factors associated with both successful but also poor treatment outcome could hopefully assist us in improving, differentiating, and adapting interventions to the individual. Further, a focus on factors that are modifiable, with an influence on mental health as well as on treatment outcome, should be explored in order to improve treatment outcomes or even prevent the onset of severe mental health problems among trauma-affected refugees.

This presentation will give a brief overview of the current knowledge on treatment outcomes, predictors of outcomes and with a special focus on potential modifiable predictors of treatment outcome as well as on factors preventing the development of severe mental health problems among trauma-affected refugees.

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Muslim Social Workers and Imams' Recommendations in Marital and Child Custody

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Background: Arab society in Israel is undergoing modernization and secularization. However, its approach to disability and mental illness is still dominated by religious and traditional stereotypes, as well as folk remedies and community practices. **Purpose:** The present study examines differences in Muslim social workers and Imams' recommendations in marriage/divorce and child custody cases of persons with intellectual disabilities (ID) or mental illness. The study has two goals: (1) To examine differences in recommendations between Imams and Muslim social workers; (2) To explore variables related to their differential recommendations as observed in their responses to vignettes. **Method:** Quantitative study using vignettes resembling existing Muslim religious (Sharia) court cases. Muslim social workers (138), and Imams (48) completed a background questionnaire, a religiosity questionnaire, and a questionnaire that included 25 vignettes constructed by the researcher based on court rulings, adapted for the study. **Results:** Muslim social workers tended to consider the religious recommendation when the family of person with ID or mental illness was portrayed in the vignette as religious. The same applied to Imams, albeit to a greater extent. **Discussion:** The findings call for raising awareness among social workers and academics regarding the importance of religion and tradition in formulating professional recommendations.

4171

Schizophrenia in the COVID-19 era: morbidity, mortality and vaccination disparities

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The COVID-19 pandemic has created healthcare challenges worldwide, and dramatically affect the lives of individuals with severe mental illnesses. In a series of matched controlled cohort studies, we evaluate healthcare disparities among individuals with schizophrenia, as compared with individuals with no schizophrenia, matched for age and sex. Specifically, schizophrenia patients and age-and-sex matched controls (total n=51,078) were assessed for COVID-19 infections, hospitalizations, mortality, and vaccination coverage. Univariate and multivariate logistic regression models were conducted to assess the odds for differential patterns of COVID-19-related factors across the two groups. Cox proportional hazard regression models and Kaplan-Meier analyses were conducted to assess longitudinal trends. Demographic and clinical factors served as covariates to control for potential confounding factors. Results indicated that individuals with schizophrenia were less likely to test positive for COVID-19, but were twice as likely to be hospitalized for COVID-19, and three times more likely to experience COVID-19 mortality (OR 3.27 95%CI 1.39-7.68, p<.0001). Vaccination rates were lower among the schizophrenia group, even when assessed in the age groups of initial prioritization (60+). Hospitalization and mortality disparities remained higher among people with schizophrenia who had not been vaccinated in comparison to controls, but substantially declined in fully vaccinated groups. These results indicate that schizophrenia patients are at higher risk for significant COVID-19 morbidity, nonetheless, are less likely to be vaccinated. Results should alert public health policy entities to focus efforts on easier access to COVID-19 prevention efforts for individuals with schizophrenia.

Keywords: Schizophrenia; Healthcare disparities; Cohort studies; COVID-19; Vaccinations.

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Developing A Collective Approach to Mental Health Recovery Training

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For the last six years I have been teaching an academic course on Posttraumatic Growth and Trauma for people who work in recovery-oriented services, people with lived experiences of mental ill health, and family members. This has created a new collective dimension of mutual learning, which also enables individual learning and stigma reduction due to the introduction of the focus on posttraumatic growth (PTG). The course takes place at the School of Mental Health Rehabilitation and Recovery at Ono College in Israel- a unique collaboration between the Israeli ministry of health (MOH) and Ono college. The course was developed under the mentoring of both the School of and the Mental health Section of the Ministry of Health in Israel. It is aimed at supporting recovery and coping strategies, meaning making processes and ultimately posttraumatic growth through the lenses of both recovery, as well as trauma informed care. Part of the course's uniqueness is the implementation of posttraumatic growth and its supportive processes through day-to-day recovery-oriented tools (such as recovery plans and occupational plans). Service users are an important part of the course, both as students as well as lecturers. Indeed, theory, research and clinical experience- are all important, but the knowledge service users have regarding coping, PTG, reframing identity, as well as reframing traumatic life events- is crucial. The course consists of six meetings, each of 6 hours, with group supervision. This year the course developed into eleven meetings with a similar settings, with more lecturers with lived experience as well as specialists from various trauma fields. The concept of PTG is both parallel to, and at times overlapping, the concept of recovery in mental health. Hence, one of the main challenges, as well as opportunities of the course, is to intertwine the perspective of recovery in mental health with the perspective of normative posttraumatic mechanisms, including those of PTG. The ability to weave both recovery as well as PTG is also crucial to the way in which people perceive themselves, their future, and the reduction of self-stigma. The focus on PTG and the Recovery perspective is a promising addition to the trauma-informed Approach.

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Houses of Hope as part of the vision of balanced homes in Israel – Integrating Collective and Individualized interventions

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After years of working at the Israeli Ministry of Health in various positions, I set out four and a half years ago on a journey that I didn't know where it would lead and what the road would look like. I wanted to create a peaceful place that would allow treatment for people dealing with a mental health crisis outside of hospitalization, a place based on humanistic perception, healing values and open dialogue.

Currently there are currently sixteen balanced houses in Israel. This initiative began by mental health professionals, developed in partnership with the Mental Health Department of the Israeli Ministry of Health. The funding comes from the Ministry, health providers organizations, and the families of the individuals who stay in the houses. The houses are an alternative to psychiatric hospitalization which enables community care in a home setting. They are aimed to prevent the person from being admitted to the hospital and to help her/him to manage their mental health crisis, approaching the person as part of a broader context, inclusive of their family and community.The intervention is based on the person choosing to be a full partner in the process and in the house community. The Houses of Hope established in Karmiel are unique in offering six integrated treatment channels including psychiatric treatment , psychotherapy, group therapy, functional program, treatment and continued rehabilitation program, application of the Open Dialogue, and shared decision-making approaches. An intervention sequence, from the collective to the individual, is thus offered. The Open Dialogue program enables the expression of, and the listening to, all partners in the social network which includes family, friends, and others. It also focuses on each individual in their own right, in terms of their unique contribution to the treatment and healing process. The Balanced House's team is composed of expert colleagues, who bring knowledge from experience to the treatment.The Balanced House enables building an individualized intervention program in cooperation with the person and the family, and a specific intervention aimed to reduce internalized stigma through training for those with PTSD. The challenges in activating these interventions will be presented. These challenges include also changing attitudes at the macro policy level, as well as challenges related to the micro level of working with the Balanced Houses members.

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Family Group Conferences: Analysis of their Contribution to Working with Adults Experiencing Mental Ill Health and their Families

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This presentation will look at Family Group Conferences (FGC) as practised in the Netherlands,
Norway, and the UK with adults experiencing mental ill health and their family network. FGC was developed initially in social work with a focus on child protection, and then has been further applied also to adults with mental health issues within social care services in some countries. It is based on the assumption that the collective family network has the potential to support an individual family member who is experiencing difficulties, even if s/he have been disconnected from the network for a while. It is usually practiced when there are safeguarding legal aspects and obligations to be met by the service, the individual, and the family. Specific arrangements are in place for the initiation of an FGC, including having an independent coordinator who prepares the conference by meeting every individual who is invited to join it, the key worker who provides possible scenarios for the participants to develop an action plan for the scenario they opted for, advocates who may join too, and the physical conditions of the meeting.Existing evaluation research highlights the high level of satisfaction from the key meeting by most participants, including the index client, and the variability of implementing the changes that would lead to achieving the desired outcomes specified in the action plan. The presentation will look at the characteristics of the clients, the families, the evaluation research design and key findings from a comparative perspective among the three countries which practice FGC. The analysis of the findings will be related to the key issue of the connections between collective and individual mental health interventions.

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Marital and child custody rights for people experiencing mental illness in Arab societies vs. their rights in Israeli state law

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One of the most important and entrenched elements in Arab societies and communities is the significance that the family has in the lives of individuals, and those with disabilities in particular. The family is highly regarded in these collective and traditional societies, regardless of the rapid changes towards modernity experienced by all. The Arab community in Israel is described in many studies as a "society in transition" between tradition and modernity, with its location along that continuum determined by context and time. The self-worth of individuals rests to a large measure on their inclination to get married and start a family. The right to marriage and child custody for people with disabilities is enshrined in the UN Convention on the Rights of Persons with Disabilities as well as in Islamic law (Sharia), and in the Israeli state legal system. The adjudication of marital issues is deeply embedded in religious discourse in Israel, where the religious legal system is given an almost exclusive authority to make these decisions. However, child custody issues are determined both in Israeli State Family courts and in Sharia courts. The former relies on the Legal Capacity and Guardianship Law of 1962, while the latter apply religious considerations. While the Sharia court considers the available support of extended family women as a basic component for making decision in child custody cases, the Israeli law is based on the Tender Years Doctrine and the best interest of the child.In any decision related to child custody, the religious judge (qadi) can turn to social workers for their professional opinion. The judge usually respects their professional recommendation, but he can rule differently. Marriage is an important asset to maintain social inclusion in Islamic societies. However, there is a debate whether individuals experiencing mental illness should be granted similar rights to those with other disabilities. The same applies to cases of child custody, when the parents have mental health difficulties.Focusing on the marital and custodial rights of Moslem people by applying a religious and social perspective, the presentation will look at the results of a research study that examines the differences between Muslim social workers and imams' recommendations in marital and child custody cases of persons experiencing mental illness in Israel, and suggest potential interventions in instances of conflict between these two approaches.

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Let’s boost recovery: A sprint and marathon

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Recovery in mental health is a complex process influenced by multiple factors, including the nature and severity of psychiatric symptoms, social determinants such as social network and work, and one’s own experience of recovery, reflecting hope, identity and meaning. In line with the notion that multiple factors are involved, the recovery process differs across individuals and time. In mental health, we have focused on clinical recovery, aiming to minimise clinical symptoms. However, societal recovery (i.e. regaining everyday functioning in work, social relationships and housing) also strongly influences the way clients restore their health. Also, clients have emphasised the importance of personal recovery, referring to living a meaningful life. Until now, studies have examined the course of recovery in people with a psychotic illness in the clinical and/or societal domain, but never in all three domains simultaneously. It is common practice to reduce data to dichotomous variables on subdomains, or to use a total score to reflect overall functioning. Both approaches imply that information is lost about which domains pose the biggest difficulties for people with psychosis. To address the aforementioned conceptual and methodological challenges, the results of a mixture latent Markov model (MLMM) will be presented in this lecture with higher recovery rates compared to previous studies. To gain more insight in overall recovery, it is important that upcoming studies include these three outcomes. Next, a barrier in recovery is the lack of implementation of evidence-based care. There is a gap between mental healthcare needs of clients and offered healthcare. A clinical decision aid (CDA) called TREAT (Treatment E-assist) is developed and study results will be presented. Does recovery increase by using a CDA? Another barrier is that routine outcome monitoring can be useful to study the course of recovery, but we do not get any insight in the recovery process. In the STORY MINE project, we study recovery stories to get more insight in the process. For instance, is personal recovery a transdiagnostic concept? Mixed methods studies will provide the most useful information about recovery. In this lecture, the examples of best practices show that recovery can be a sprint as well as a marathon.

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