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11th World Congress



WORLD ASSOCIATION
FOR PSYCHOSOCIAL REHABILITATION

ASSOCIATION MONDIALE
POUR LA RÉHABILITATION PSYCHOSOCIALE

ASOCIACIÓN MUNDIAL
PARA LA REHABILITACIÓN PSICOSOCIAL



MILAN ITALY

10-13 NOVEMBER 2012

MICO - MILANO CONGRESSI

VIA GATTAMELATA 5

NORTH WING ENTRANCE GATE 14 AND GATE 15

WWW.WAPR2012.ORG



CHANGE	THINKING CHANGE PRACTICE CHANGE SERVICES
TRASFORMAR	LAS IDEAS LAS PRÁCTICAS LOS SERVICIOS
CHANGER	LES IDÉES LES PRATIQUES LES SERVICES
CAMBIARE	LE IDEE LE PRATICHE I SERVIZI

SOTTO L'ALTO PATRONATO DEL PRESIDENTE
DELLA REPUBBLICA ITALIANA

UNDER THE HIGH PATRONAGE OF THE PRESIDENT
OF THE ITALIAN REPUBLIC

FINAL PROGRAM



World Health
Organization



WORLD PSYCHIATRIC ASSOCIATION



Regione Lombardia



ASSOCIAZIONE ITALIANA TECNICI DELLA
RIABILITAZIONE PSICHIATRICA
E PSICOSOCIALE



SOCIETÀ ITALIANA DI TERAPIA
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HIGHLIGHTS



- ✓ Am I a speaker or a presenting author?
- ✓ Est-ce-que je suis un orateur?
- ✓ Tengo una ponencia?
- ✓ Ho una relazione?



Slide Centre
Level 1
(2 h before my presentation)



- ✓ Do I have pending payments?
- ✓ Je n'ai pas encore payé les frais d'inscription?
- ✓ No he pagado la inscripción?
- ✓ Ho pagato la mia iscrizione?



Secretariat Desk
New registrations



Welcome Reception



Saturday, 10 November
7.30 pm



Congress Dinner



Monday, 12 November
8.30 pm

- ✓ Did I reserve?
- ✓ Est-ce-que j'ai réservé?
- ✓ He reservado?
- ✓ Ho prenotato?

- **Crediti ECM** page 31
- **WAPR Elections and WAPR Assembly** page 19
- **Special Symposia** pages 41-48-63-64-71-84

✓ **Simultaneous translation**



English
Français
Español
Italiano

ONLY FOR

- OPENING SESSION
- SPECIAL SYMPOSIA
- CLOSING SESSION

✓ **Certificate of attendance**



Ask to the Secretariat before leaving the congress and give your email address



NO SMOKING



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THE WORLD ASSOCIATION FOR PSYCHOSOCIAL REHABILITATION

The World Association for Psychosocial Rehabilitation (WAPR), established in 1986 in France, has seen a steady growth in the last two decades. This bears testimony to the recognition of the importance of prevention and reduction of social disability as a framework for the care of people with severe mental disorders, as well as those who have suffered from psychosocial problems as a result of extreme life experiences.

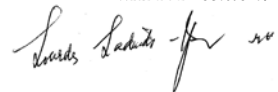
In 1996 WAPR and the World Health Organization (WHO) jointly issued a “consensus statement” which defined psychosocial rehabilitation as a strategy that facilitates the opportunity for individuals impaired or disabled by mental disorder to reach their optimal level of functioning in the community, by improving individuals’ competencies and introducing environmental changes.

Today this concept of psychosocial rehabilitation has come of age and WAPR continues to bring to its programs and activities the rigor of scientific inquiry and field experiences that is marked by a humanistic view, the empowerment of persons struggling for a better quality of care and meaning in their lives, with equal attention to the social and political context within which these programs are conducted.

Membership to WAPR is open not only to mental health professionals, but administrators, policymakers, consumers and their relatives, advocates for mental health, researchers from various disciplines, including those involved in the evolving field of neuroscience. Hence, WAPR is a multidisciplinary scientific association as well as an advocacy group calling for the reduction of stigma against anything “mental” and more importantly the empowerment of those who have suffered from such negative discrimination. WAPR provides a forum for all stakeholders to discuss updated and relevant issues concerning sustained mental health care and psychosocial rehabilitation and to share experiences in the implementation of clinical and community programs of psychosocial care, in the formulation of policies and in research. Today WAPR is recognized as a non-governmental organization with consultative status with the World Health Organization, the United Nations Economic and Social Council and the International Labor Office. It also maintains close relations with the European Commission, the African Rehabilitation Institute and many other agencies worldwide. It has many branches representing the six regions of the world consistent with the classification of the WHO. It therefore speaks to a worldwide audience able therefore, to reach those from low income as well as high income countries.

We look forward to your joining us during our 11th World Congress in Milan Italy where the theme focuses on changes in ideas, practices and services.

Lourdes Ladrido-Ignacio
WAPR President

A handwritten signature in black ink, appearing to read "Lourdes Ladrido-Ignacio", is positioned below the typed name and title.

L'ASSOCIATION MONDIALE POUR LA RÉHABILITATION PSYCHOSOCIALE

L'Association mondiale pour la réadaptation psychosociale (A.M.R.P.-W.A.P.R.), établie en 1986 en France, a connu un développement constant au cours des deux dernières décennies. Cela témoigne de la reconnaissance de l'importance de la prévention et de la réduction du handicap social comme une impérieuse nécessité pour la prise en charge des personnes atteintes de troubles mentaux graves, ainsi que pour ceux qui ont souffert de problèmes psychosociaux à la suite d'expériences de vie particulièrement traumatisantes. En 1996, l'A.M.R.P. et l'organisation mondiale de la santé (OMS) ont publié conjointement une déclaration de consensus, qui a défini la réadaptation psychosociale comme une stratégie qui vise à rendre possible pour les personnes qui présentent une incapacité ou un handicap dû à un trouble mental, d'atteindre une meilleure intégration sociale, par l'amélioration de leurs compétences sociales et par des modifications de leur environnement. Aujourd'hui, ce concept de la réadaptation psychosociale s'est encore enrichi. L'Association continue de confronter ses programmes et ses activités à la rigueur de la recherche scientifique et à l'expérience de terrain, en leur conservant une vision humaniste, tout en privilégiant l'autonomisation des personnes qui luttent pour une meilleure qualité des soins et de vie et en restant attentive au contexte social et politique dans lequel ces programmes sont menés. L'adhésion à l'Association est ouverte non seulement aux professionnels de santé, mais également aux administrateurs, aux décideurs politiques, aux usagers et à leurs proches, ainsi qu'aux défenseurs de la santé mentale, aux chercheurs de diverses disciplines, y compris à ceux qui sont impliqués dans le domaine des neurosciences. Ainsi, l'A.M.R.P. est une association scientifique multidisciplinaire et un groupe qui plaide pour la réduction de la "stigmatisation" de tout ce qui est «mental», et plus encore pour l'autonomisation de ceux qui ont souffert de discrimination négative. L'A.M.R.P. offre un forum à toutes les parties prenantes, pour discuter les questions concernant les soins de santé mentale et de réadaptation psychosociale, partager leurs expériences dans la mise en œuvre des programmes cliniques et communautaires de prise en charge psychosociale et formuler des recommandations en matière de politique des soins et de recherche.

Aujourd'hui l'A.M.R.P. est reconnue comme une organisation non gouvernementale, dotée du statut consultatif auprès de l'Organisation Mondiale de la Santé, l'Organisation des Nations Unies, le Conseil économique et social et le Bureau International du Travail. Elle entretient également des relations étroites avec la Commission européenne, l'Institut africain de réadaptation et de nombreux autres organismes à travers le monde, elle a de nombreuses sections dans les six régions du monde selon la classification de l'O.M.S. Elle s'adresse donc à un large public à travers le monde et touche les pays à faible revenu ainsi que ceux à revenu élevé.

Nous nous réjouissons que vous nous rejoigniez lors de notre 11^{ème} Congrès mondial à Milan. Son thème concernera l'évolution des idées, des pratiques et des services.

*Lourdes Ladrado-Ignacio
Président de l'AMRP*



LA ASOCIACIÓN MUNDIAL PARA LA REHABILITACIÓN PSICOSOCIAL

La Asociación Mundial para la Rehabilitación Psicosocial (AMRP-WAPR) establecida en 1986 en Francia, ha experimentado un crecimiento constante en las últimas dos décadas. Esto es testimonio del reconocimiento de la importancia de la prevención y la reducción de la discapacidad social como un marco para el cuidado de las personas con trastornos mentales graves, así como para aquellas personas que han sufrido de problemas psicológicos como resultado de experiencias extremas de vida. En el año 1996 la AMRP y la Organización Mundial de la Salud (OMS) publicaron conjuntamente una “declaración de consenso”, que definió la rehabilitación psicosocial como una estrategia que facilita la oportunidad para que personas con dificultades o con discapacidad por trastorno mental puedan alcanzar un nivel óptimo de funcionamiento en la comunidad, mediante la mejoría de competencias del individuo e introducción de cambios en su entorno. Se puede decir que hoy en día, este concepto de rehabilitación psicosocial y implantado definitivamente y la AMRP continúa poniendo en sus programas y actividades el rigor de la investigación científica junto a las experiencias de campo que se caracterizan por una visión humanística, continuando además a sostener el “empowerment” de las personas que luchan por una mejor calidad de la cura y de el significado de sus vidas, y con igual atención al contexto social y político en que estos programas están planteados.

La pertenencia a la AMRP está abierta no sólo a los profesionales de la salud mental, sino también a los administradores, políticos, usuarios y familiares, a los defensores de la salud mental, investigadores de diferentes disciplinas, incluidos los que participan en el campo de la evolución de la neurociencia. Por lo tanto, la AMRP es una asociación científica multidisciplinar, así como al mismo tiempo es un grupo de defensa a favor de la persona con problemas psíquicos, y como tal pide la reducción de la estigmatización contra todo lo “mental” y el “empowerment” de las personas que han sufrido de discriminación. Por ejemplo, la AMRP proporciona un “forum” donde todos los actores involucrados pueden discutir temas relevantes y de actualidad sobre la cura y rehabilitación psicosocial en la salud mental, y puedan también compartir experiencias en la aplicación de programas clínicos y comunitarios de soporte psicosocial, en la formulación de políticas sociales y en la investigación científica.

Hoy la AMRP es reconocida como una organización no gubernamental con estatuto consultivo ante la Organización Mundial de la Salud, el Consejo Económico de las Naciones Unidas y el Consejo Social y el Instituto Africano de Rehabilitación y muchos otros organismos en todo el mundo: Tiene muchas ramas que representan las seis regiones del mundo en conformidad con la clasificación de la OMS. Por lo tanto, habla a una audiencia mundial y puede llegar a hablar a los países pobres como a los ricos de cualquier creencia religiosa y política.

Esperamos por consiguiente que Usted pueda unirse a nosotros durante nuestro 11 ° Congreso Mundial en Milán, Italia, donde el tema central será la transformación de las ideas, las prácticas y los servicios.

*Lourdes Ladrado-Ignacio
Presidenta AMRP*

L'ASSOCIAZIONE MONDIALE DI RIABILITAZIONE PSICOSOCIALE

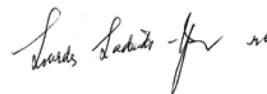
L'Associazione Mondiale di Riabilitazione Psicosociale (WAPR), fondata nel 1986 in Francia, ha avuto negli ultimi due decenni un'espansione costante. Ciò a testimonianza dell'importanza riconosciuta alla prevenzione e alla riduzione della disabilità sociale nella cura delle persone affette da disturbi mentali gravi e, in genere, delle persone che affrontano problemi di natura psicosociale derivanti da gravi condizioni di disagio. Nel 1996 la WAPR e l'Organizzazione Mondiale della Sanità (OMS) hanno formulato in collaborazione una dichiarazione di consenso che ha definito la riabilitazione psicosociale come una strategia in grado di favorire nei soggetti con disabilità dovuta ad una malattia mentale il raggiungimento di un livello ottimale di funzionamento indipendente nella società, attraverso il miglioramento delle competenze individuali e l'introduzione di modifiche ambientali. Questo concetto è diventato oggi più complesso e maturo, e la WAPR ha continuato ad apportare, nei suoi programmi e nelle sue attività, sia il rigore dell'indagine scientifica, sia le esperienze sul campo improntate a una visione umanistica, sia l'empowerment delle persone che lottano per ottenere una migliore qualità di vita e per dare un senso alle proprie esistenze, sempre destinando la necessaria attenzione al contesto sociale e politico in cui tali programmi hanno luogo.

L'iscrizione alla WAPR è aperta non solo ai professionisti della salute mentale ma anche ad amministratori, politici, utenti e familiari, gruppi di sostegno, ricercatori di varie discipline, sia nel campo delle scienze sociali che in quello, in continua evoluzione, delle neuroscienze. La WAPR è dunque un'associazione scientifica multidisciplinare, ma è anche un gruppo di pressione che chiede di ridurre lo stigma nei confronti dei disturbi mentali e, cosa ancora più importante, sostiene l'empowerment di chi ha sofferto a causa di tale discriminazione. La WAPR fornisce a tutti gli interessati un forum in cui confrontarsi su questioni attuali e significative riguardanti la cura a lungo termine dei disturbi mentali e la riabilitazione psicosociale, in cui condividere le esperienze di interventi clinici e comunitari e discutere politiche sanitarie e di ricerca.

La WAPR è oggi riconosciuta come una delle organizzazioni non governative che svolgono attività di consulenza per l'Organizzazione Mondiale della Sanità, il Consiglio Economico e Sociale delle Nazioni Unite e l'Ufficio Internazionale del Lavoro. Essa intrattiene strette relazioni con la Commissione Europea, l'Istituto Africano di Riabilitazione e numerose altre agenzie internazionali. E' presente con sezioni nazionali in più di 50 paesi, in tutte le regioni mondiali della classificazione dell'OMS. Essa quindi è attiva in ogni parte del mondo, al di là delle frontiere economiche, politiche e religiose.

Confidiamo che vorrete partecipare al nostro XI congresso Mondiale, che si svolgerà in Italia, a Milano. Il filo conduttore che attraverserà tutti i temi del congresso sarà il cambiamento: delle idee, delle pratiche e dei servizi.

Lourdes Ladrado-Ignacio
Presidente WAPR



FOREWORD

It is a great pleasure for me to extend you a warm invitation to attend the 11th Congress of World Association for Psychosocial Rehabilitation (WAPR), to be held in Milan on 10-13 November 2012.

The Congress title is **Change thinking change practice change services**. In this congress original foundations, past developments, current vision and future prospects of long-term care and rehabilitation of people experiencing severe mental disorders will be critically reviewed. The scientific program will follow the rich tradition of WAPR past congresses held since 1986.

The program will include:

Keynote lectures in which leading experts from various disciplines and speakers with lived experience of mental health problems will provide a comprehensive and updated view of the most significant aspects of treatment and care of mental disorders.

Meet the expert in which an expert in a specific area will be available for an 1-hr intensive discussion on a selected topic where participants can pose questions or ask for advice.

Plenary sessions matching the theme of the day in which invited speakers will contribute with a short statement and then debate with discussants on a panel to give a lively exchanges of ideas.

Symposia focused on specific issues to spread out perspectives of research and practice, with an active interaction between speakers and participants.

Oral presentations providing an opportunity to participants to present the results of their research or their views on topics of interest to a worldwide audience.

Poster sessions providing an opportunity for participants to meet the presenters, exchange ideas and contact for further collaboration.

Movie sessions to show videos and other multimedia products related to the experiences of people with mental disorders and to the practices of psychosocial rehabilitation.

Oral and poster presentations will be selected from the abstracts submitted by participants, based on the assessment by expert reviewers.

As in previous WAPR congresses, keynote speakers and participants will represent countries from the five continents and will include all stakeholders involved in mental health care: clinicians and researchers from various disciplines, such as psychiatry, psychology, nursing, occupational therapy, social sciences; administrators and policymakers; consumers and informal caregivers; members of voluntary organizations and advocacy groups. Reduced fees, travel and accommodation grants will help those who may find covering expenses for participation difficult: students, young researchers, consumers and caregivers, people from low income countries.

Milan is in the heart of Europe and can be easily reached from all over the world. It is a multifaceted city, with a glamorous past and an exciting present. Because of its history and geographical position, it will act as a perfect background for the 2012 congress. With its historical buildings and art treasures, such as Leonardo's Last Supper, and with some of the world's finest attractions within a short distance, it will offer to the participants a memorable atmosphere. But Milan is not only a classical destination, it is a city in ferment, undergoing an urban re-design. It will host the Universal Expo in 2015 and will therefore become in the next few years a crossroads of cultural and scientific initiatives.

We are expecting between 1000 and 1500 participants, therefore we selected the Convention Center of Milan City Fair as congress venue. The Center facilities, including a suitable exhibition space, will easily accommodate the highly diversified scientific program and the large number of participants that will characterize the congress.

We are honoured to host the WAPR 11th congress and we are looking forward to meeting you in Milan in 2012.

Angelo Barbato
Congress President



AVANT-PROPOS

C'est avec un très grand plaisir que je vous invite au 11^{ème} congrès de l'Association mondiale de réadaptation psychosociale (A.M.R.P.-W.A.P.R.), qui se tiendra à Milan du 10 au 13 novembre 2012.

Le thème du congrès sera : «**Changer les idées, les pratiques, les services**». Au cours de ce congrès on réévaluera les concepts originaires, ainsi que les perspectives actuelles et futures du traitement au long cours et de la réhabilitation des pathologies psychiatriques sévères. Le programme scientifique du congrès sera conforme à la riche tradition des congrès de l'A.M.R.P. qui se sont tenus depuis 1986.

Le programme comprendra :

Des conférences au cours desquelles des experts reconnus présenteront une perspective exhaustive et actualisée des points les plus importants concernant les soins des troubles mentaux.

Des «Rencontres avec l'expert» dans lesquelles dans un domaine particulier l'expert ouvrira pendant plus d'une heure une discussion sur un thème précis, sur lequel les participants pourront poser des questions ou recevoir des conseils.

Des séances plénières correspondant au thème de la journée au cours desquelles les conférenciers débattront avec des discutants, après une brève intervention.

Des symposiums centrés sur un thème précis, ayant pour objectif la diffusion de projets de recherche ou de pratiques de soins, et l'échange avec les participants.

Des présentations brèves qui permettront de présenter à une assistance internationale, le résultat de recherches ou des points de vue particuliers sur un thème précis.

Des séances de posters offrant la possibilité d'une rencontre avec celui qui les présente avec un échange de vue en vue d'une collaboration future.

Des ateliers vidéo pour présenter des films ou d'autres documents multimédias en relation avec les soins ou la réhabilitation.

Les présentations brèves et les posters seront choisis parmi les résumés proposés par les participants, après une évaluation par un jury.

Comme dans les congrès précédents de l'A.M.R.P., les cinq continents seront représentés parmi les conférenciers et les participants, avec parmi eux, tous ceux qui prennent part à l'organisation des soins en santé mentale: les cliniciens et les chercheurs de diverses disciplines tels la psychiatrie, la psychologie, les soins infirmiers, l'ergothérapie, les sciences sociales ; des administrateurs, des décideurs politiques, des membres d'associations de bénévoles, ainsi que des groupes de défense, et naturellement les représentants des usagers et des aidants naturels. Les inscriptions à coût réduit, les bourses pour le séjour ou bien les transports, seront attribués à ceux qui ont des difficultés pour les financer : les étudiants, les jeunes chercheurs, les usagers, ainsi que les aidants naturels, les participants en provenance de pays à faibles revenus.

Milan est au cœur de l'Europe, facilement accessible de tous les points du monde. C'est une ville aux multiples facettes, avec un passé prestigieux et une activité stimulante. En raison de son histoire et sa position géographique, la ville constituera un décor parfait pour le congrès 2012. Avec ses bâtiments historiques et ses trésors artistiques, tels la Cène de Léonard de Vinci, et certains des plus beaux sites italiens à proximité, ce lieu offrira aux participants une ambiance mémorable. Mais Milan n'est pas seulement une destination classique, c'est une ville en pleine effervescence, qui opère une mutation profonde vers ce que sera la ville. Ce sera également le lieu de l'Expo universelle de 2015 et donc, dans les prochaines années, un carrefour d'initiatives culturelles et scientifiques.

Nous attendons entre 1000 et 1500 participants, nous avons donc choisi le Centre de congrès de la ville de Milan. Les installations du centre, y compris son espace d'exposition adapté, pourront facilement accueillir le programme scientifique très diversifié et un grand nombre de participants.

Nous sommes honorés d'accueillir le 11^{ème} congrès de l'A.M.R.P. et nous sommes impatients de vous rencontrer à Milan en 2012.

*Angelo Barbato
Président du Congrès*



PREMISA

Es un gran placer para mí extender una cordial invitación a asistir al 11 ° Congreso de la Asociación Mundial de Rehabilitación Psicossocial (AMRP), que se celebrará en Milán el 10-13 noviembre, 2012.

El título del Congreso es **“Trasformar las ideas, las prácticas, los servicios”**. En este congreso serán revisadas críticamente nuevas ideas originales, la evolución de ideas pasadas, la visión actual y las perspectivas futuras de la asistencia a largo plazo y de la rehabilitación de las personas que sufren trastornos mentales graves. El programa científico seguirá la tradición de riquezas de ideas que caracterizan los congresos AMRP celebrados desde 1986.

El programa incluye:

Conferencias magistrales en las que destacados expertos de diversas disciplinas y relatores con la experiencia vivida de los problemas de salud mental podrán proporcionar una visión completa y actualizada de los aspectos más significativos del tratamiento y rehabilitación de los trastornos mentales.

Encuentros con el experto, sesión en la que un experto de un área específica estará disponible para un intenso debate de 1 hora aproximadamente sobre un tema seleccionado, donde los participantes pueden hacer preguntas o pedir orientación.

Sesiones plenarias que coinciden con el tema del día en el que los oradores invitados contribuirán con una breve exposición y luego debate con los ponentes en un panel para realizar un animado intercambio de ideas.

Simposios centrados en temas específicos para difundir las perspectivas de la investigación y la práctica, con una activa interacción entre los ponentes y participantes.

Comunicaciones orales breves con la finalidad de proporcionar una oportunidad a los participantes para presentar los resultados de sus investigaciones o de sus puntos de vista sobre temas de interés para un público de todo el mundo.

Sesiones de Pósteres para dar la oportunidad a los participantes de dialogar con los presentadores, en un intercambio de ideas al fin de realizar una mayor colaboración.

Sesiones de cine para mostrar vídeos y productos multimediales relacionados con las experiencias de las personas con trastornos mentales y las prácticas de rehabilitación psicossocial.

Las presentaciones orales breves y pósters serán seleccionados a partir de los resúmenes presentados por los participantes, y serán evaluados por revisores expertos. Al igual que en anteriores congresos AMRP, ponentes y participantes representarán a países de los cinco continentes y incluirán todos los interesados en el cuidado de la salud mental: médicos e investigadores de diversas disciplinas, como la psiquiatría, psicología, enfermeros, terapeutas ocupacionales, asistentes sociales, administradores y responsables políticos; pacientes y asistentes no profesionales, miembros de asociaciones y grupos de defensa de los derechos de las personas afectadas por trastornos mentales. Serán previstas también tarifas reducidas y subvenciones para viajes y alojamiento para ayudar a los que pueden encontrar difícil el cubrir gastos de participación al congreso como: estudiantes, jóvenes investigadores, pacientes y los que los acompañan, personas de países de baja renta. Milán es en el corazón de Europa y es de fácil acceso de todo el mundo. Es una ciudad muy versátil, con un gran y importante pasado y un presente emocionante debido a su historia y situación geográfica; será un escenario perfecto para el congreso de 2012. Con sus edificios históricos y tesoros artísticos, como la Última Cena de Leonardo da Vinci, y con algunos de los mejores lugares del mundo situados a poca distancia del centro de la ciudad, Milán ofrecerá a los participantes un ambiente inolvidable. Pero Milán no es sólo una ciudad con una gran historia sino también una ciudad en constante transformación urbanística. Será sede de la Exposición Universal en 2015 y por lo tanto se convertirá en los próximos años en una encrucijada de las iniciativas culturales y científicas

Esperamos que se inscriban entre 1000 y 1500 participantes, por lo tanto hemos elegido el Centro de Convenciones de la Feria de Milán como sede del congreso. Las instalaciones del Centro, incluyendo un espacio expositivo adecuado fácilmente permitirán un programa científico muy diversificado y el número alto de participantes que caracterizará el congreso. Nos sentimos honrados de organizar el 11° congreso de WAPR y esperamos contar con su presencia en Milán en 2012

Angelo Barbato
Presidente del Congreso

PREMESSA

E' per me un grande piacere estendervi un sentito invito a partecipare all'XI congresso dell'Associazione Mondiale di Riabilitazione Psicosociale (WAPR) che si terrà a Milano dal 10 al 13 novembre 2012.

Il titolo è **Cambiare le idee, le pratiche, i servizi**. In questo congresso saranno riconsiderati in modo critico gli assunti originali, gli sviluppi passati, lo stato dell'arte e le prospettive future della cura a lungo termine e della riabilitazione dei disturbi mentali gravi. Il programma scientifico seguirà la ricca tradizione dei passati congressi WAPR, tenuti sin dal 1986.

Il programma si sviluppa all'interno di sessioni plenarie (la prima e l'ultima giornata), sessioni semiplenarie (quattro per giornata, il secondo e il terzo giorno) e sessioni parallele, includendo:

letture magistrali, in cui relatori di alto profilo provenienti da varie discipline, inclusi coloro che hanno vissuto esperienze di problemi di salute mentale, forniranno una visione completa ed aggiornata degli aspetti più significativi dei trattamenti e della cura dei disturbi mentali;

tavole rotonde, in cui verranno approfonditi temi specifici sulla base di relazioni introduttive seguite da dibattito sia su aspetti teorici che pratici;

incontri con gli esperti, in cui esperti di varie aree saranno disponibili per una discussione approfondita della durata di un'ora su argomenti selezionati e con la possibilità per i partecipanti di porre domande e chiedere approfondimenti;

simposi proposti dai congressisti e focalizzati sull'interazione diretta tra relatori e pubblico;

presentazioni orali, in cui i partecipanti avranno la possibilità di presentare i risultati delle loro ricerche o il loro punto di vista;

sessioni poster, in cui i partecipanti potranno incontrare gli autori, scambiare idee e contatti per future collaborazioni;

sessioni video, in cui video e altri prodotti multimediali documenteranno esperienze dirette di inclusione sociale e partecipazione.

Le presentazioni orali e i poster saranno selezionati da revisori esperti tra gli abstract sottoposti.

Come nei precedenti congressi WAPR, i relatori principali e i partecipanti rappresenteranno i cinque continenti e includeranno tutti i soggetti coinvolti nella cura della salute mentale: clinici e ricercatori delle varie discipline - psichiatria, psicologia, scienze infermieristiche, terapia occupazionale e scienze sociali; amministratori pubblici e politici; utenti e familiari; membri di associazioni di volontariato e gruppi di sostegno.

Quote d'iscrizione ridotte e sovvenzioni per viaggio e alloggio aiuteranno alcune persone che potrebbero avere difficoltà nel coprire le spese di partecipazione: studenti, giovani ricercatori, utenti e familiari, cittadini di paesi a basso reddito.

Milano è situata nel cuore d'Europa e può essere facilmente raggiunta da ogni parte del mondo. Per la sua storia e la sua posizione geografica farà da perfetto sfondo al congresso del 2012. Con i suoi edifici storici e i suoi tesori artistici e con alcuni dei più interessanti luoghi di attrazione del mondo a breve distanza, offrirà ai partecipanti un'atmosfera indimenticabile.

Milano non è solo una meta tradizionale, è una città in fermento che sta subendo un'estesa riprogettazione urbana. Essa ospiterà l'Expo Universale del 2015 e diventerà per questo, nei prossimi anni, un crogiolo di iniziative culturali e scientifiche.

Ci aspettiamo tra 1000 e 1500 partecipanti, ed abbiamo quindi scelto quale sede congressuale il Centro Congressi della Fiera di Milano. Le strutture del Centro, che includono uno spazio espositivo adeguato, potranno agevolmente ospitare il programma scientifico, estremamente differenziato, e il gran numero di partecipanti che caratterizzeranno il congresso.

Siamo onorati di ospitare l'XI congresso WAPR e speriamo di incontrarvi a Milano nel 2012.

Angelo Barbato
Presidente del congresso



THE CONGRESS

The 11th Congress of World Association for Psychosocial Rehabilitation has the aims to present and discuss innovative ideas and practices in the treatment and care of severe mental disorders and related disabilities. The congress title – Change thinking, change practices, change services - refers to the deep scientific and practical crisis of psychiatry, faced everyday with hard challenges going beyond the boundaries of a medical discipline and raising political, social, ethical and scientific questions.

The need to base psychiatric interventions on scientific evidence on one hand and practical needs and rights of users and families rights on the other hand, calls for important changes in psychiatric knowledge, in practices and in the services offered to patients. Psychosocial rehabilitation, as usual in mental health care, is at the crossroads where of scientific rigor meets ethical commitment and the ability to give technically adequate, satisfying, fair answers to people's suffering.

For these reasons, the congress will address three broad areas of interest:

Scientific knowledge and need for enhanced consistency between practice and evidence. Research needs to find new routes either in its aims and methods. The congress will therefore look into involving users' in formulating research hypotheses, trans-cultural aspects of research, and new prospects opened up by the most recent findings on resilience and recovery.

Practice, innovative interventions and effects on organization of services. Interventions must be prompt and effective and involve primary health services, as well as promoting community networks, and respond to challenges from the most vulnerable and marginal parts of the populations. Congress topics will therefore include diagnosis and early treatment, rehabilitation and community care, social networks and employment strategies.

Ethics, users' and families' advocacy, and empowerment of users. The relations between human rights and psychosocial rehabilitations will be discussed, and users will talk about their empowerment experiences. The United Nations Convention on the Rights of Persons with Disabilities will be a basic reference.

The Congress has a WAPR Scientific Committee, presided by WAPR President Lourdes Ladrado Ignacio and an International Advisory Committee including experts from various disciplines representing different socio-economic and cultural settings, and balanced by gender and geographical area.

I am confident that the 11th WAPR World Congress will give a meaningful and innovative contribution to the global debate on mental health, its social determinants, and the fairest and most effective ways to meet the needs of people with psychosocial disabilities.

Benedetto Saraceno
Chairman of the International Advisory Committee



LE CONGRÈS

L'onzième congrès mondial de l'AMRP a l'ambition de présenter et débattre des idées et pratiques innovantes dans le domaine du traitement et de la réhabilitation des troubles mentaux graves. Le titre du congrès – *changer les idées, les pratiques, les services* – fait allusion à la profonde crise scientifique et pratique de la psychiatrie, qui doit se mesurer chaque jour de plus avec des défis de plus en plus complexes, qui dépassent les frontières d'une branche médicale pour impliquer thèmes d'intérêt politique, scientifique, social et éthique.

La nécessité croissante de fonder les soins psychiatriques sur les évidences scientifiques d'un côté et sur la reconnaissance réelle des droits des usagers et des familles de l'autre côté, impose des changements majeurs du corps doctrinaire de la psychiatrie, et par conséquent, de ses pratiques et de ses services.

La réhabilitation psychosociale et, en général tous les traitements adressés aux troubles mentaux, se trouvent en effet au carrefour entre rigueur scientifique, engagement éthique et capacité concrète à fournir des réponses qui soient appropriées sur le plan technique mais également équitables et satisfaisantes.

Pour ces raisons le programme du congrès se déroulera autour de trois sujets clés:

Primo, la recherche, à partir de la nécessité de réduire l'écart entre les pratiques et les données scientifiques et d'ouvrir des nouvelles pistes ayant des objectifs et des méthodes de recherche renouvelés. Une place de plus en plus importante sera réservée à la participation des usagers dans la formulation des hypothèses de recherche, aux aspects transculturels, aux horizons ouverts par la notion de rétablissement comme concept organisateur des soins.

Deuxio, la pratique, surtout en ce qui concerne les innovations et leur conséquences sur l'organisation des services. Dans ce cadre on envisagera les interventions précoces, l'intégration avec les soins primaires, le suivi intensif dans le milieu, l'activation de réseaux naturels en particulier pour les groupes marginalisés et vulnérables.

Tertio, l'éthique, la défense des droits humains et l'émancipation (empowerment) des personnes souffrant de troubles mentaux. Le lien entre réhabilitation et droits sera examiné avec la contribution directe des usagers en tenant compte de la Convention des Nations Unies relative aux droits des personnes handicapées.

Le programme sera préparé par le Comité Local en collaboration avec le Comité Scientifique de l'AMRP présidé par Lourdes Ladrido Ignacio et le Comité Scientifique International, avec la participation de plusieurs experts appartenant à disciplines différentes : venant de plus de quarante pays et représentant une multiplicité de réalités sociales et culturelles, chacun d'entre eux sera porteur d'expériences et connaissances uniques.

Je suis certain que l'onzième Congrès Mondial de l'AMRP sera capable de contribuer de façon significative au débat global sur la santé mentale, ses déterminants sociaux et les interventions efficaces pour répondre aux besoins des personnes souffrant de troubles mentaux ; débat ayant précisément pour but d'améliorer leur qualité de vie et d'assurer leur rétablissement.

Benedetto Saraceno
Président du Comité Scientifique International



EL CONGRESO

El 11° Congreso mundial de la AMRP tiene la ambición de debatir y promover nuevas ideas y prácticas en el campo de la salud mental y de la rehabilitación de los trastornos mentales y de las discapacidades asociadas.

El título del Congreso – “Trasformar las ideas, las prácticas los servicios” - se refiere a la profunda crisis científica y práctica de la psiquiatría, que cada día tiene que enfrentar desafíos que se hacen progresivamente más complejos, sobrepasando las fronteras de la medicina y abarcando temas políticos, sociales, éticos y científicos.

La necesidad cada día más apremiante de basar las intervenciones de la psiquiatría por un lado en las evidencias científicas y por el otro en el reconocimiento de los derechos de los usuarios y de los familiares, impone importantes transformaciones de los conocimientos en psiquiatría, y por consiguiente, de las prácticas y de los servicios brindados a los usuarios. La rehabilitación psicosocial, y en general todas las intervenciones en psiquiatría, están colocadas en la encrucijada entre las instancias del rigor científico, del empeño ético y de la capacidad efectiva de proveer respuestas técnicamente adecuadas, justas y satisfactorias. Por esta razón el Congreso se articulará alrededor de tres importantes ejes:

El conocimiento científico y la necesidad de ampliar la coherencia entre la práctica y las pruebas científicas. La investigación tiene que recorrer caminos innovadores tanto en sus finalidades como en sus métodos, y es por esto que el Congreso se ocupará de la participación de usuarios y familias en la formulación de las hipótesis investigativas, de los aspectos transculturales y de los nuevos horizontes abiertos por la investigación fundada en los conceptos de resiliencia y recuperación (“recovery”).

La práctica, las intervenciones innovadoras y sus consecuencias sobre la organización de los servicios. Las intervenciones tienen que ser lo más adaptadas y eficaces, y implicar también a sectores no especializados, como la medicina de familia; asimismo, tienen que promover las redes sociales presentes en el territorio y recoger los desafíos representados por las poblaciones más vulnerables y marginales. Por lo tanto el Congreso se ocupará de diagnósticos y tratamientos tempranos, de rehabilitación y medicina comunitaria, de redes sociales y estrategias de inserción laboral.

La ética, la defensa de los derechos y la promoción del empoderamiento (“empowerment”) de los usuarios. El Congreso se ocupará de las múltiples conexiones entre los derechos humanos y la rehabilitación psicosocial, enriqueciéndose además con la participación activa de los usuarios, que debatirán sobre los procesos y las experiencias de empoderamiento (“empowerment”). La Convención de las Naciones Unidas sobre los derechos de las personas con discapacidad será una referencia fundamental para el Congreso. El Congreso se apoya no solo en el Comité Científico de la AMRP, presidido su Presidenta Lourdes Ladrado Ignacio, sino también por un prestigioso Comité Internacional formado por expertos de distintas disciplinas, que representan las múltiples y distintas dimensiones de la realidad socio-económica y cultural a través de un equilibrio basado en el género y en el origen geográfico. Estoy seguro que este 11° Congreso Mundial de la AMRP será capaz de brindar una contribución decisiva y innovadora al debate global sobre la salud mental, sus determinantes sociales y las intervenciones más justas y eficaces para responder a las necesidades de las personas con discapacidad psicosocial.

Benedetto Saraceno
Presidente del Comité Científico Internacional

IL CONGRESSO

L'undicesimo congresso Mondiale della WAPR ha l'ambizione di dibattere e promuovere idee e pratiche innovative nel campo della cura e della riabilitazione dei disturbi mentali e delle disabilità ad essi associate. Il titolo del congresso - Cambiare le idee, le pratiche, i servizi - allude alla profonda crisi scientifica e pratica della psichiatria, ogni giorno a confronto con sfide sempre più complesse che vanno ben oltre i confini di una disciplina medica e coinvolgono temi di interesse politico, sociale, etico e scientifico. La necessità di basare sempre più gli interventi della psichiatria sulla evidenza scientifica da un lato e sul riconoscimento pratico dei diritti degli utenti e delle famiglie dall'altro, impone mutamenti importanti del corpo conoscitivo della psichiatria e conseguentemente delle sue pratiche e dei servizi che vengono messi a disposizione degli utenti. La riabilitazione psicosociale e più in generale tutti gli interventi della psichiatria si trovano infatti al crocevia fra istanze di rigore scientifico, di impegno etico e di capacità operativa di fornire risposte tecnicamente adeguate, eque e soddisfacenti. Per queste ragioni il congresso si articolerà intorno a tre grandi assi:

La conoscenza scientifica e la necessità di elevare sempre più la coerenza fra pratica ed evidenze scientifiche. La ricerca deve trovare strade innovative sia nelle sue finalità sia nei suoi metodi ed è per questo che il congresso si occuperà del coinvolgimento degli utenti nella formulazione delle ipotesi di ricerca, degli aspetti transculturali della ricerca e dei nuovi orizzonti aperti dalla ricerca orientata alle nozioni di *resilience* e *recovery*.

La pratica, gli interventi innovativi e le conseguenze sulla organizzazione dei servizi. Gli interventi devono essere sempre più precoci ed efficaci e coinvolgere anche settori non specialistici della medicina quali la medicina di base, così come devono promuovere le reti sociali esistenti nella comunità e raccogliere le sfide lanciate dalle popolazioni più vulnerabili e marginali. Il congresso dunque si occuperà di diagnosi e trattamenti precoci, di riabilitazione e medicina comunitaria, di reti sociali e di strategie di inserimento lavorativo

L'etica, la difesa dei diritti e la promozione dell'*empowerment* degli utenti. Il congresso si occuperà dei molteplici nessi fra diritti umani e riabilitazione psicosociale così come, più in generale, sarà arricchito dalla partecipazione attiva di utenti che discuteranno di processi ed esperienze di empowerment. La Convenzione delle Nazioni Unite sui diritti delle persone con disabilità costituirà un riferimento fondamentale per il congresso.

Il congresso si avvale non solo di un Comitato Scientifico della WAPR presieduto dal Presidente Lourdes Ladrado Ignacio, ma anche di un prestigioso Comitato Internazionale costituito da esperti di diverse discipline che rappresentano le molteplici e diverse realtà socio-economiche e culturali attraverso un buon equilibrio di provenienze geografiche e di genere.

Sono sicuro che questo undicesimo congresso Mondiale della WAPR sarà capace di portare un contributo significativo e innovativo al dibattito globale sulla salute mentale, i suoi determinanti sociali e gli interventi più giusti ed efficaci per rispondere ai bisogni delle persone con disabilità psicosociale.

Benedetto Saraceno
Presidente del Comitato scientifico internazionale



GENERAL INFORMATION

VENUE



MiCo - Milano Congressi (formerly Milano Convention Centre)
Via Giovanni Gattamelata, 5 Gate 14 - 20149 Milan, Italy.

How to reach the congress venue

Milan's public transport system is run by ATM (www.atm-mi.it). The metro consists of three underground lines (red MM1, green MM2, yellow MM3) and the railway blue line called Passante Ferroviario. It runs from 6 am to midnight. A ticket costs Euro 1,50 and is valid for 90 minutes' travel on ATM buses, trams and metro. Note: in the metro, one access only is possible. Tickets are sold at metro stations, tobacconists and newspaper stands around town, but it is not possible to buy them on board.

The closest station to MiCo entrance is Domodossola Fiera (550 m) on the railway blue line Passante Ferroviario. The other station is Lotto (1500 m): here, you can take bus 78 and get down after 4 stops (Via Gattamelata).

CURRENCY

The official currency of the congress is Euro.

INSURANCE

Delegates are advised to take out travel insurance to cover medical expenses, accidents, loss, etc. No responsibility will be accepted by the Congress Organizers.

OPENING HOURS

Registration Desk

• Saturday 10 November	10.00 – 20.00
• Sunday 11 November	7.00 – 19.30
• Monday 12 November	7.00 – 19.30
• Tuesday 13 November	7.30 – 13.30

Slide Center

• Saturday 10 November	10.00 – 20.00
• Sunday 11 November	7.00 – 19.00
• Monday 12 November	7.00 – 19.00
• Tuesday 13 November	7.30 – 13.00

Exhibition

• Saturday 10 November	14.30 – 19.30
• Sunday 11 November	8.00 – 19.30
• Monday 12 November	8.00 – 19.30
• Tuesday 13 November	8.00 – 13.30

FOOD & BEVERAGE

The **bar** is located on Level 1 and follows the opening hours of the Registration Desk.

The **restaurant** is located on Level 2 and is open on Sunday and on Monday from 12.00 to 14.30. A lunch cost Euro 20,00.

A free sandwich buffet will take place on Sunday and Monday, from 12.00 to 14.30 on Level 2.

ELECTIONS OF THE NEW WAPR BOARD

Members can vote during Sunday, Meeting Room 2 on level 1.

WAPR GENERAL ASSEMBLY

White Hall 1 (level 2)

Sunday 11 November, h. 18.15

Open to WAPR Members only

GENERAL INFORMATION

INTERNET ACCESS

Free WI-FI is not available at the Congress Venue: participants can buy personal daily accesses at Registration desks. The cost is Euro 18,00 (VAT included) for maximum 4 hour access.

CLOAKROOM

The service is available on Level 1 of the Congress Venue, observing the opening hours of the Registration Desk. Rates:

- Jackets/Coats Euro 2,50
- Umbrellas/Poster tubes Euro 2,00
- Luggage Euro 3,50



ART EXHIBITION

G-Mind Mental Health Art Festival started 5 years ago by Gyeonggi Provincial Mental Health Commission in South Korea to alleviate the social stigmas towards mental illness. Every year, more people and artists express their interest in this event and it became the representative of Korean Mental Health Art Exhibition. Continuance of creating artworks also helped these artists to improve their talent and we were able to sell some of the works to support them. You can appreciate some masterpieces of Korean mental health service users in this exhibition, on level 2 of the congress venue.

TOURS AND EXCURSIONS

Zani Viaggi offers its proposals of tours and excursions in the city and in its surroundings. Accompanying persons and participants can make the most of their stay. Information and reservation on Level 1.

NO-SMOKING

Smoking in the Congress areas and in public places is not allowed.

ELECTRICITY

Voltage is 220v AC. 50 Hz. Plugs have two or three round pins. Foreign voltage might require an adapter.

TIME

Milan is in the Central European Time Zone (CET), one hour ahead of Greenwich Mean Time (GMT).

EMERGENCY

Please contact the staff at the Registration Desks.

Useful Telephone Numbers:

ambulance	dial 118
police	dial 113
fire brigade	dial 115
Milan City Emergency Doctor Service	dial +39 02 34567

TAXI

Taxis are white and can be hired at taxi ranks or by radio taxi at the following numbers: +39 026767, +39 02 5353, +39 02 8585, +39 02 4040.

SHOPPING

Opening hours of shops in Milan are: 9.30-13.00/15.30-19.30. Some big stores and bookshops downtown open until later.

TIPPING

Service is usually included in the bills in bars and restaurants, but tips are welcome.

REGISTRATION & CONGRESS DINNER

CONGRESS FEES	Euro, VAT 21% included
Doctors WAPR members	450,00
Doctors WAPR non-members	510,00
Other professionals WAPR members	240,00
Other professionals WAPR non-members	300,00
Relatives	90,00
*Students	120,00
*PhD students (doctors), specializzandi	390,00
*PhD students (other professionals), specializzandi	200,00
**Low income and Lower-middle income countries – doctors	120,00
**Low income and Lower-middle income countries – others	70,00
Accompanying persons	60,00
Consumers	Free
Exhibitors	145,00
Daily fees for doctors, other professional and PhD students	130,00 ⁽¹⁾

⁽¹⁾ it is not possible to buy more than 1 daily fee.

Notes:

* Students must submit copy of their student card or a certificate from their learning institution as proof

** World Bank Country Classification

WHAT IS INCLUDED IN THE FEES?

- admission to the Welcome Reception
- unlimited access to scientific sessions
- access to the exhibition
- congress kit: Abstract Book, Final Program, personal badge, pen and notepad
- sandwich lunch on Sunday and Monday
- CME credits for Italian participants only

Accompanying person's fee:

it includes admission to the Opening and Closing Sessions and to the Welcome Reception.
Accompanying persons will not be admitted to the scientific sessions, exhibition and catering area.

Payment

The payment of the registration fee should be made at the “On-site Registrations” desk by one of the following methods:

- credit card (American Express, Visa, Mastercard and CartaSi are accepted)
- cash (for payments not exceeding Euro 1.000,00)

The relevant original invoice will be sent after the congress. Participants are requested to provide full details for the invoice heading and delivery.

REGISTRATION & CONGRESS DINNER

REGISTRATION DESKS

Prepaid-Registrations is for participants, abstract authors and presenters who registered in advance. If you have any outstanding amount, please go to the On-site Registrations Desk.

Participants registering and paying their registration fees on-site should know that congress bags and congress material are subject to availability.

Hotel accommodation is for participants who have reserved their hotel through AIM DMC srl, the Official Housing Bureau of the congress.

Faculty is for Invited Chairs/Speakers

NAME BADGES

It is not possible to stay in the congress venue without a congress name badge:

- RED BADGE Invited Faculty and WAPR Boards
- GREEN BADGE Steering Committee
- TRANSPARENT BADGE Participants, authors, presenters
- YELLOW BADGE Exhibitors
- PURPLE Accompanying persons

WELCOME RECEPTION

Saturday 10 November
Exhibition Area, Level 1
19:30

CONGRESS DINNER

Monday 12 November
Osteria del Treno (Via San Gregorio, 46 - Milan)
20:30

How to reach Osteria del Treno

The location of the restaurant is rather central in Milan, in the area of the Central Railway Station. You will find a map of the area on the back of the Dinner ticket.

The closest metro station is Repubblica (MM3 - yellow line). From here, it is just a 300 m walk: take Via Vittor Pisani and turn right after 200 m: you are already in Via San Gregorio.

Participation cost: Euro 60,00 (VAT 21% included) – subject to availability

CERTIFICATE OF ATTENDANCE

It will be sent to all regularly registered participants by email at the end of the congress.



TIMETABLE

SATURDAY, 10 NOVEMBER							
TIME	Red Hall	Blue Hall	Yellow Hall 1	Yellow Hall 2	Yellow Hall 3	White Hall 1	White Hall 2
14.30 - 15.30	Opening Session						
15.30 - 16.00	Opening address CHARTING NEW TERRITORIES: ARE WE READY?						
16.00 - 16.30	Keynote address MENTAL ILLNESS AS A SOCIAL PHENOMENON						
16.30 - 18.30	Round Table BARRIERS TO CHANGE AND INNOVATION IN PSYCHOSOCIAL REHABILITATION						
18.30 - 19.30	Symposium 40328 The effectiveness of mental health rehabilitation services (EN)						
19.30	Welcome Reception						

TIMETABLE

SUNDAY, 11 NOVEMBER - MORNING																	
TIME	Red Hall	Blue Hall	Yellow Hall 1	Yellow Hall 2	Yellow Hall 3	White Hall 1	White Hall 2	Green Hall	Speakers' Corner	Floor 1 and Floor 2							
8.00 - 8.15	<p>Meet the Expert 40249 Being a detective: twenty critical questions to ask when someone gets stuck on the road to recovery (EN)</p>	<p>Meet the Expert 41267 Service user involvement in all aspects of the research process (EN)</p>	<p>Meet the Expert 42614 Recent advances in psychoeducation for bipolar disorder (EN)</p>	<p>Meet the Expert 42941 Initiatives in researching peer delivered services (EN)</p>	<p>Meet the Expert 40711 Etiquette in therapeutic settings (EN)</p>	<p>Meet the Expert 43445 Motivational interviewing (EN)</p>	<p>Meet the Expert 40952 Post-psychiatry, recovery, nuovi orizzonti e conferme alla luce della teoria della selezione di gruppi di neuroni di Edelman (IT)</p>	<p>Thematic Session 3/5 Physical health and mental disorders (EN)</p>	<p>Topic 1 Participation des usagers (FR)</p>	<p>Topic 2 Families and caregivers (IT, EN)</p>							
8.15 - 8.30											<p>Symposium 41243 Psychosocial rehabilitation in Asia, service, cultural and training issues (EN)</p>	<p>Symposium 41264 Psychiatric community care: do Italians do it better? The Italian psychiatric reform and the Italian psychiatric services 30 years later (EN)</p>	<p>Symposium 42114 International perspectives on assisting people with severe mental illnesses to gain and sustain employment (EN)</p>	<p>Symposium 43153 The assertive community treatment in Europe (EN)</p>	<p>Thematic Session 3/7 Psychotherapy in rehabilitation programs (EN)</p>	<p>Thematic Session 3/4 Evidence resistant schizophrenia (EN)</p>	<p>Symposium 43374 The GASAS TRIAL: arripirazole, olanzapine and haloperidol in the long-term treatment of schizophrenia (EN)</p>
8.30 - 8.45																	
8.45 - 9.00	<p>Special Symposium 1 Social determinants of mental disorders (IT, EN, FR, ESP)</p>	<p>Special Symposium 2 Beyond disability: new approaches to functional assessment (IT, EN, FR, ESP)</p>	<p>Symposium 33676 Il trattamento dei pazienti psichiatrici autori di reato dopo la chiusura degli ospedali psichiatrici giudiziari: progetti e modelli di intervento (IT)</p>														
9.00 - 9.15				<p>Symposium 42956 Rehabilitation in the 21st century: service change (EN)</p>	<p>Special Event (EN) The collapse of mental health services in Greece: a social and humanitarian crisis that calls for European support</p>	<p>Symposium 42568 ANPIS...le buone pratiche per l'integrazione sociale... linguaggi non formali e informali... sport, arte, cultura (IT)</p>	<p>Thematic Session 4/16 Valutazione di qualità delle residenze (IT)</p>										
9.15 - 9.30	<p>Special Symposium 1 Social determinants of mental disorders (IT, EN, FR, ESP)</p>	<p>Special Symposium 2 Beyond disability: new approaches to functional assessment (IT, EN, FR, ESP)</p>	<p>Symposium 33676 Il trattamento dei pazienti psichiatrici autori di reato dopo la chiusura degli ospedali psichiatrici giudiziari: progetti e modelli di intervento (IT)</p>														
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9.45 - 10.00	<p>Special Symposium 1 Social determinants of mental disorders (IT, EN, FR, ESP)</p>	<p>Special Symposium 2 Beyond disability: new approaches to functional assessment (IT, EN, FR, ESP)</p>	<p>Symposium 33676 Il trattamento dei pazienti psichiatrici autori di reato dopo la chiusura degli ospedali psichiatrici giudiziari: progetti e modelli di intervento (IT)</p>														
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10.45 - 11.00	<p>Special Symposium 1 Social determinants of mental disorders (IT, EN, FR, ESP)</p>	<p>Special Symposium 2 Beyond disability: new approaches to functional assessment (IT, EN, FR, ESP)</p>	<p>Symposium 33676 Il trattamento dei pazienti psichiatrici autori di reato dopo la chiusura degli ospedali psichiatrici giudiziari: progetti e modelli di intervento (IT)</p>														
11.00 - 11.15				<p>Special Symposium 1 Social determinants of mental disorders (IT, EN, FR, ESP)</p>	<p>Special Symposium 2 Beyond disability: new approaches to functional assessment (IT, EN, FR, ESP)</p>	<p>Symposium 33676 Il trattamento dei pazienti psichiatrici autori di reato dopo la chiusura degli ospedali psichiatrici giudiziari: progetti e modelli di intervento (IT)</p>											
11.15 - 12.45	<p>Special Symposium 1 Social determinants of mental disorders (IT, EN, FR, ESP)</p>	<p>Special Symposium 2 Beyond disability: new approaches to functional assessment (IT, EN, FR, ESP)</p>	<p>Symposium 33676 Il trattamento dei pazienti psichiatrici autori di reato dopo la chiusura degli ospedali psichiatrici giudiziari: progetti e modelli di intervento (IT)</p>														



TIMETABLE

SUNDAY, 11 NOVEMBER - AFTERNOON

TIME	Red Hall	Blue Hall	Yellow Hall 1	Yellow Hall 2	Yellow Hall 3	White Hall 1	White Hall 2	Green Hall	Speakers' Corner	Floor 1 and Floor 2
12.45-13.00										
13.00-13.15	Thematic Session 4/3 Employment for people with mental disorders (EN)	Thematic Session 4/11 Service models 1 (EN)	Thematic Session 4/17 Human rights (EN)	Thematic Session 4/6 Interventi precoci: esperienze italiane (IT)	Thematic Session 4/7 Situazioni a rischio ed esordi psicopatologici: modelli di intervento (IT)	Thematic Session 4/4 Methodes et programmes de traitement (FR)	Thematic Session 4/12 Dementia and cognitive impairment (EN)	Thematic Session 3/11 Psychopharmacology (EN)		
13.15-13.30										
13.30-13.45										
13.45-14.00										
14.00-14.15	Symposium 36942 Recovery of the psychiatric knowledge base - is recovery possible and probable without this? (EN)	Symposium 43373 Ripensare il welfare locale (IT)	Symposium 40820 Innovations in psychiatric rehabilitation (EN)	Symposium 43151 The local implementation of psychosocial rehabilitation policies: the experience of Spain (EN)	Symposium 42461 Establishing an international network of therapeutic communities (EN)	Symposium 43501 Cooperazione sociale ed associazionismo di utenti, familiari ed operatori nella salute mentale: buone pratiche nella gestione di un bene comune (IT)	Symposium 42959 Nuove geografie della salute (IT)	Thematic Session 6/4 Evaluation (EN)		
14.15-14.30										
14.30-14.45										
14.45-15.00										
15.00-15.15										
15.15-16.45	Special Symposium 3 Role of non-governmental organizations in mental health care (IT, EN, FR, ESP)	Special Symposium 4 Advances in drug treatment of severe mental disorders (IT, EN, FR, ESP)								
16.45-18.15	Symposium 40575 Recovery & social networks in Europe: multicultural perspectives (EN)	Symposium 43014 Mental health care for people with severe mental disorders: what have we learned from innovative reforms in Europe? (EN)	Symposium 42708 Autismo e servizi di salute mentale. Esperienze e prospettive (IT)	Symposium 42268 Psychosocial rehabilitation in India (EN)	Symposium 41659 Utenie promotore di salute: percorsi di fiducia ed inclusione sociale (IT)	Symposium 40736 La psicoanalisi multifamiliare nell'esperienza dei servizi di salute mentale (IT)	Symposium 42485 The psychiatric rehabilitation technician: the need of a specific professional role in mental health? (EN)	Thematic Session 6/6 Residential care (EN)		
18.15-18.30										
18.30-18.45	Thematic Session 5/9 Pratiche riabilitative: esperienze a confronto (IT)	Thematic Session 5/5 Mental health consumers as providers (EN)	Thematic Session 5/2 Desafíos en salud mental: comunitaria (ESP)	Thematic Session 5/8 Family matters (EN)	Thematic Session 5/6 Mental health services research (EN)	WAPR ASSEMBLY	Thematic Session 5/1 Modelos de intervención en rehabilitación (ESP)	Thematic Session 5/3 Valutazione degli interventi: progetti e risultati (IT)		
18.45-19.00										
19.00-19.15										
19.15-19.30										

TIMETABLE

MONDAY, 12 NOVEMBER - MORNING

TIME	Red Hall	Blue Hall	Yellow Hall 1	Yellow Hall 2	Yellow Hall 3	White Hall 1	White Hall 2	Green Hall	Speakers' Corner	Floor 1 and Floor 2
8.00 - 8.15							Thematic Session 3/1 Cuidado de la salud mental y atención primaria: reflexiones desde el Brasil (ESP)			
8.15 - 8.30	Meet the Expert 42607 Parler en interculturel (FR)	Meet the Expert 41010 Parental mental illness (EN)	Meet the Expert 42047 Education of psychiatric rehabilitation practitioners: a systematic review of the evidence (EN)	Thematic Session 5/7 Housing (EN)	Thematic Session 5/4 Work stress and coping strategies (EN)	Thematic Session 5/10 Psychosocial rehabilitation: frameworks and interventions (EN)				
8.30 - 8.45										
8.45 - 9.00		Symposium 41276 Theory and practice of psychotherapy integration and psychosocial rehabilitation – archaic controversies or new meaning? (EN)	Symposium 41845 Resilience of families and the mental health workers, service users and family carers: chances and challenges of different experiences across Europe (EN)	Symposium 42389 European and US clubhouses: emerging policy, organizational prospects, and research initiatives (EN)			Video Session 2	Thematic Session 3/9 Sigma: indagini e interventi (IT)	Topic 5 Strategie di interventi nelle residenze (IT)	
9.00 - 9.15										
9.15 - 9.30	Symposium 36686 A common human experience: the international hearing voices network 25 years on (EN)									
9.30 - 9.45										
9.45 - 10.00										
10.00 - 10.15										
10.15 - 10.30	Symposium 43005 Teaching mental health policy and services development and health systems research (EN)	Symposium 42035 Un programma per ottimizzare le opportunità riabilitative nei percorsi di integrazione lavorativa (IT)			Symposium 42281 Salute mentale e detenzione: l'esperienza italiana (IT)	Symposium 41537 Writing for American psychiatric journals (EN)	Symposium 42875 Users, carers and professionals: a new approach in planning, managing and evaluating mental health services (EN)	Thematic Session 3/6 Key issues in early psychoses (EN)	Topic 6 Legge e riabilitazione/ Law and rehabilitation (IT/EN)	
10.30 - 10.45										
10.45 - 11.00										
11.00 - 11.15										
11.15 - 12.45	Special Symposium 5 Early detection and intervention (IT, EN, FR, ESP)	Special Symposium 6 Human rights: challenges raised by the implementation of the UN convention (IT, EN, FR, ESP)							Topic 7 Empowerment and partnership (EN)	



TIMETABLE

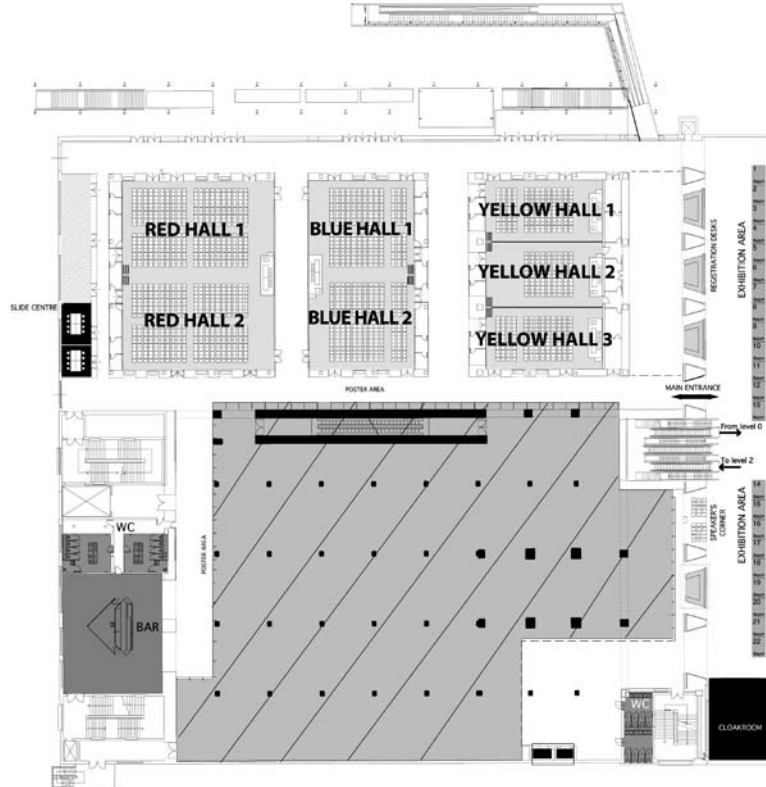
MONDAY, 12 NOVEMBER - AFTERNOON										
TIME	Red Hall	Blue Hall	Yellow Hall 1	Yellow Hall 2	Yellow Hall 3	White Hall 1	White Hall 2	Green Hall	Speakers' Corner	Floor 1 and Floor 2
12.45-13.00	Thematic Session 4/10 Recovery models and experiences (EN) Symposium 42770 Individual placement and support (IPS) to reach competitive employment by the severely mentally ill: achievements, challenges and opportunities in Europe (EN)	Thematic Session 4/9 Training and professional development (EN) Symposium 41969 Integrated psychoeducational strategies, their dissemination, and decontamination of the rehabilitation clinical practice (EN)	Thematic Session 4/8 Mental health policies (EN) Symposium 39313 Forgotten children: risk prevention in children of mentally ill people (EN)	Thematic Session 4/2 Inserimento lavorativo e sostegno al lavoro tra utopia e pratica (IT) Symposium 41512 Rehabilitation and recovery in Eastern Europe (EN)	Thematic Session 4/14 Social networks and social capital (EN) Symposium 39231 Si può fare! Esperienze di cooperazione sociale in Italia (IT)	Thematic Session 4/15 Intégration sociale, entraide naturelle, rétablissement (FR) Symposium 40335 Implications of recovery concept in mental health services' delivery (EN)	Thematic Session 3/3 Carcere e ospedale psichiatrico giudiziario (IT) Symposium 43093 Symposium CRRP France: organisation des dispositifs de réhabilitation (FR)	Thematic Session 6/3 Mental health care for low income populations (EN) Symposium 42606 Cultura teatrale, salute mentale e cittadinanza in scena. L'esperienza della regione Emilia Romagna. Il teatro come strumento di riabilitazione sostenibile (IT)	Topic 8 Improving access to care (EN)	VISIT POSTER EXHIBITIONS
13.00-13.15										
13.15-13.30										
13.30-13.45										
13.45-14.00	Special Symposium 7 Mental health care in low resource settings (IT, EN, FR, ESP)	Symposium 42666 La funzione dei DSM italiani nei percorsi di formazione e d'inserimento lavorativo: progetto inserimento lavorativo (PL) (IT)	Symposium 40867 Modelli organizzativi e di management nella riabilitazione psicosociale in Italia (IT)	Symposium 36187 ICF and mental health: presentation of a core set for schizophrenia (IT)	Thematic Session 4/13 Politiques en santé mentale centrées sur la citoyenneté (FR)	Thematic Session 6/1 Modelli organizzativi dei servizi e processi di cambiamento (IT)	Thematic Session 5/12 Consumer involvement in research (EN)	Topic 9 Communication et aspects culturels/ Communication and cultural aspects (FR/EN)		
14.00-14.15										
14.15-14.30										
14.30-14.45										
14.45-15.00	Symposium 42794 Social network perspectives on psychosocial rehabilitation (EN)	Symposium 40823 Assessing quality and outcomes in mental health rehabilitation services (EN)	Thematic Session 6/7 Clinical trials, systematic reviews and epidemiology (EN)	Thematic Session 6/2 Auto aiuto e partecipazione degli utenti (IT)	Thematic Session 4/1 Buone pratiche: suggerimenti per i servizi (IT)	Thematic Session 5/11 Service models 2 (EN)				
15.00-15.15										
15.15-17.00										
17.00-17.15										
17.15-17.30	Symposium 41552 Getting and keeping funding (EN)	Symposium 42858 What if I share my leadership? The Boston global leadership institute: building partnership on different expertise (EN)	Thematic Session 6/5 Research on recovery (EN)	Video Session 3						
17.30-17.45										
17.45-18.00										
18.00-18.15										
18.15-18.30										
18.30-18.45										
18.45-19.00										
19.00-19.15										
19.15-19.30										



TIMETABLE

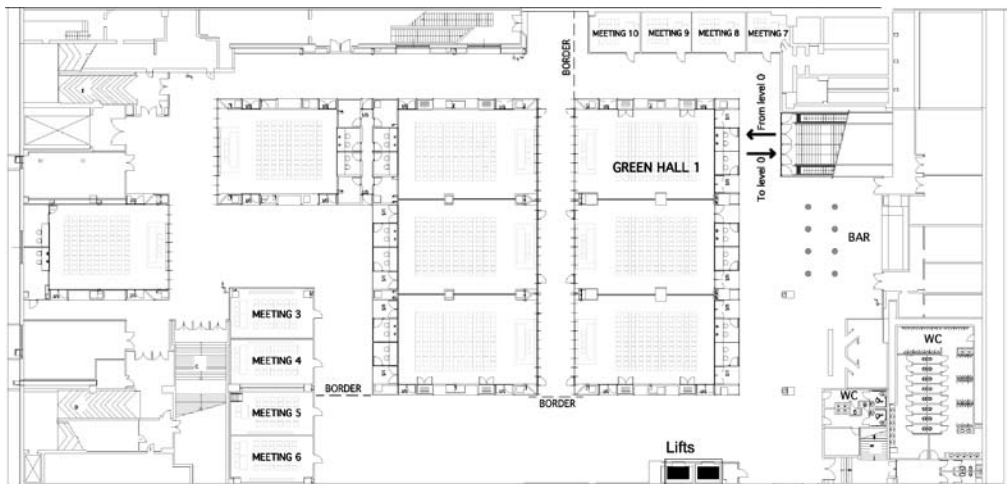
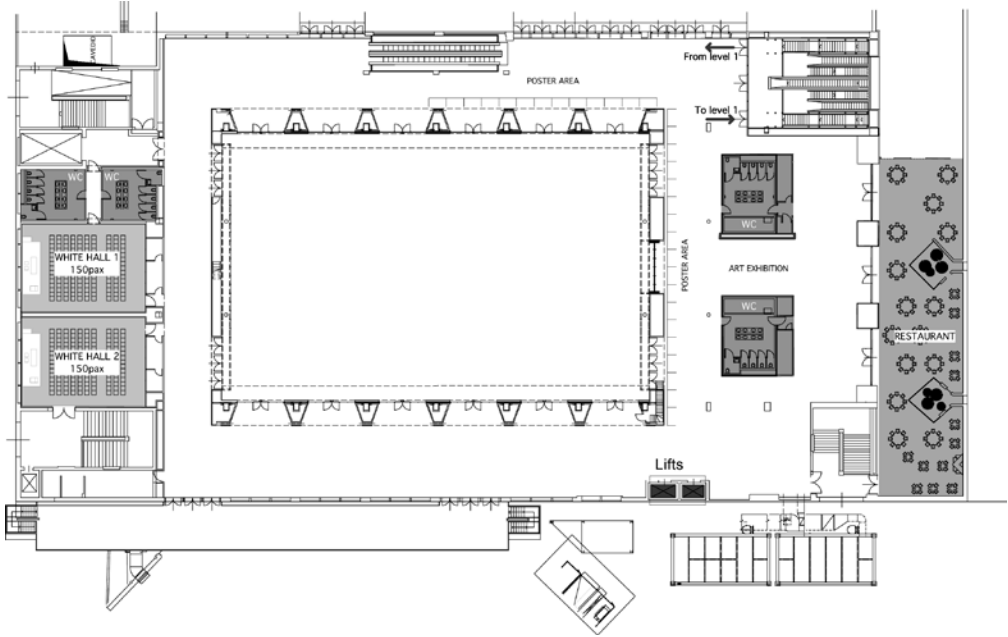
TUESDAY, 13 NOVEMBER - MORNING						
TIME	Red Hall	Blue Hall 1	Blue Hall 2	Yellow Hall 1	Yellow Hall 2	Yellow Hall 3
		White Hall 1	White Hall 2	White Hall 3	White Hall 1	White Hall 2
8.00 - 8.15						
8.15 - 8.30	Meet the Expert 40769 Influencing policy for rehabilitation and recovery services (EN)	Meet the Expert 42543 How to transform research to a recovery oriented activity: practical issues and solutions (EN)	Meet the Expert 41852 Multi-familial psychoanalysis, assembly and rehabilitation (EN)	Meet the Expert 39435 Stages of schizophrenia, levels of disability and expected outcomes (EN)		Meet the Expert 42798 Challenges & prospects of an Indian model of care for the homeless, mentally ill: are the policies restrictive or inclusive? (EN)
8.30 - 8.45						
8.45 - 9.00	Thematic Session 3/8 Attitudes towards mental disorders (EN)	Thematic Session 3/14 Rehabilitation after severe traumas (EN)	Thematic Session 3/2 Estrategia salud de la familia en la promoción de la salud mental (ESP)	Thematic Session 3/10 Consumers perspectives (EN)	Thematic Session 3/12 Changements des services, expériences en pays francophones (FR)	Thematic Session 3/13 Ricerche in riabilitazione psicosociale (IT)
9.00 - 9.15						
9.15 - 9.30						
9.30 - 9.45						
9.45 - 10.00	Symposium 43124 Person-centred approaches in psychosocial rehabilitation (EN)	Symposium 41401 Supported education (EN)	Symposium 42650 Il budget di salute come strumento di deistituzionalizzazione: della struttura residenziale al habitatte supportato (IT)	Symposium 43127 Evaluate to improve: the contribution of the Italian society of psychiatric epidemiology (SIEP) to the evaluation of mental health and social services (EN)	Symposium 41204 Périntégration communautaire et réadaptation des contrainvants avec des troubles mentaux ou développementaux (FR)	Symposium 41866 Microcredit and supported employment for people with serious mental illness (EN)
10.00 - 10.15						
10.15 - 10.30						
10.30 - 11.30	Special Symposium 9 Which future for psychiatry? (IT, EN, FR, ESP)					
11.30 - 12.30	Round Table WHICH FUTURE FOR PSYCHOSOCIAL REHABILITATION?					
12.30 - 13.00	Keynote address PSYCHOSOCIAL REHABILITATION IN 21 ST CENTURY: NEEDS, OPPORTUNITIES & CHALLENGES					
13.00 - 13.30	Closing ceremony, Poster award					
					Symposium 42655 Il progetto di intervento precoce tra esperienze consolidate e nuove opportunità di intervento (IT)	Symposium 42795 Psychiatric reform: challenges in Brazil and Italy - paradigms, services and professional practices (EN)
					Symposium 42115 The right to inclusion: integration and acceptance of people with mental disabilities (EN)	Symposium 42922 Transformative change in community mental health (EN)

CONGRESS VENUE: FLOORPLAN LEVEL 1 - EXHIBITORS LIST



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LEVEL 2 AND LEVEL -1





SCIENTIFIC INFORMATION

SLIDE CENTER – MEETING ROOM 1 (LEVEL 1)

All speakers and presenting authors are expected to give a PowerPoint presentation (2003, 2007 or 2010). Your PowerPoint presentation should be saved on a CD or USB memory stick and brought to the Speakers Preview Room either the day before your session or - if applicable - at least 2 hours before the beginning of your session. Remember that you shall not use your own laptop for your presentation.

GUIDELINES FOR CHAIRPERSONS, SPEAKERS AND PRESENTING AUTHORS

- Locate your session hall in due time
- Find yourself in the hall assigned for presentation at least 10 minutes before the beginning of your session
- Respect the timing allowed to the session and to each presentation
- Presentations will be uploaded from the Speakers' Preview Room to the respective Session Hall

CONGRESS STRUCTURE

Special symposia, opening and closing sessions. These sessions have been organized by the Congress Scientific Committee and are held on:

- 10 November from 14.30 to 18.30
- 11 November from 11.15 to 12.45 and from 15.15 to 16.45
- 12 November from 11.15 to 12.45 and from 15.15 to 17.00
- 13 November from 10.30 to 13.30

Simultaneous translation in English, Italian, French and Spanish is provided. Remember to take your headset before entering the session hall.

Note: you will be asked to give a document.

FOR ITALIAN PARTICIPANTS ONLY: queste sessioni costituiscono il programma accreditato presso la Commissione Nazionale per la Formazione Continua e inserito nel Piano Formativo anno 2012 di AIM Education, Provider n. 93. L'evento (id 93-43208) ha ottenuto **n. 7 crediti formativi** validi per:

- medici chirurghi (specializzazioni: geriatria, neurologia, neuropsichiatria infantile, psichiatria)
- infermieri, tecnici di riabilitazione psichiatrica, educatori professionali
- psicologi (specializzazioni: psicoterapia, psicologia).

L'accreditamento prevede una prova di verifica dell'apprendimento realizzata tramite questionario cartaceo con domande a scelta multipla. Il questionario sarà strutturato in una sezione per le sessioni in plenaria (a cui tutti dovranno rispondere) e una sezione con le domande relative alle sessioni parallele: il partecipante risponderà in questo caso alle domande inerenti le sessioni parallele frequentate.

Si precisa che i crediti verranno erogati a fronte di una partecipazione del 100% ai lavori scientifici accreditati e al superamento del questionario (almeno il 75% di risposte corrette).

I moderatori non hanno diritto all'acquisizione dei crediti.

Gli attestati ECM saranno inviati dopo il congresso.

Thematic Sessions. 15 minute presentations selected among the abstracts submitted by participants and grouped by topic and language (English, French, Italian, Spanish). Simultaneous translation is not foreseen.

Symposia. 60 symposia selected among the abstracts submitted by participants and grouped by topic and language (English, French, Italian, Spanish). Simultaneous translation is not foreseen.

SCIENTIFIC INFORMATION

Speakers' corner (Exhibition area, level 1). The Speakers' Corner is intended as a less formal, friendly interaction among authors and public. Speakers are not in a standard meeting room, but in an open space where they address the public gathering around them. Time allocated is the same as for the standard oral communications, i.e. 15 minutes including discussion. Presenting Authors should not go to the Speakers' Preview Room for their slides: a person appointed will help just at the Speakers' Corner. Simultaneous translation is not foreseen.

Meet the Expert. The Meet the Expert sessions will welcome the presentation of innovative issues, models of care, interventions, service planning. Interaction with the audience is highly recommended. Simultaneous translation is not provided.

Video Sessions. Simultaneous translation is not provided.

Poster exhibition. Posters are displayed on Level 1 and Level 2, grouped by topic. At the Registration Desk, the Presenting Author will receive a number indicating his/her poster panel. During the poster sessions (between 13.00 and 15.00, Sunday 11 and Monday 12 November), Presenting Authors might be requested to briefly present their posters by the audience. Participants will have the opportunity to leave messages.

Award for Best Poster: during the Closing Ceremony the best poster will be awarded and will be granted a fee of Euro 500,00.

Poster Award Commission: Tae Yeon Hwang, chair. D'Avanzo, M. Habib, F. Sardina, J. Talbott.

SCIENTIFIC PROGRAM

14.30 - 16.30

RED HALL

Opening Session (programma ECM)

CHAIR: G. AGNETTI, ITALY

- 14.30-15.30 **Opening salutations**
 Regione Lombardia
 Commissione parlamentare di inchiesta sull'efficacia e l'efficienza del servizio sanitario nazionale
 Comune di Milano
 WHO - World Health Organization
 WPA - World Psychiatric Association
 CEFEC - Social Firms Europe
 SIRP - Società Italiana di Riabilitazione Psicosociale
- 15.30-16.00 **Charting new territories: are we ready?**
 Opening address by the congress President ANGELO BARBATO
- 16.00-16.30 **Mental illness as a social phenomenon**
 Keynote address by the WAPR President LOURDES LADRIDO IGNACIO

16.30 - 18.30

Round Table (programma ECM)

BARRIERS TO CHANGE AND INNOVATION IN PSYCHOSOCIAL REHABILITATION

CHAIR: B. SARACENO, SWITZERLAND

- 16.30-17.00 **The family perspective** (N. BARKALLIL, MOROCCO)
- 17.00-17.30 **The policymaker perspective** (P.G. DELGADO, BRAZIL)
- 17.30-18.00 **The consumer perspective** (A.G. KLUNDERUD, NORWAY)
- 18.00-18.30 **The research perspective** (G. THORNICROFT, UNITED KINGDOM)

18.30 - 19.30

Symposium 40328

THE EFFECTIVENESS OF MENTAL HEALTH REHABILITATION SERVICES (EN)

CHAIR: F. HOLLOWAY, UNITED KINGDOM

- **The relationship between financial investment, deinstitutionalization and quality of longer term mental health care across Europe** (T. SALISBURY, UNITED KINGDOM)
- **Clinical outcomes for users of mental health rehabilitation services in Ireland: a prospective controlled study** (E. LAVELLE, IRELAND)
- **The Rehabilitation Effectiveness for Activities for Life (REAL) study; a national program of research into mental health rehabilitation services in England** (H. KILLASPY, UNITED KINGDOM)

19.30

WELCOME RECEPTION

8.00 - 8.45

RED HALL**Meet-the-Expert 40249****BEING A DETECTIVE: TWENTY CRITICAL QUESTIONS TO ASK WHEN SOMEONE GETS STUCK ON THE ROAD TO RECOVERY**

C. HARDING

Columbia University, New York, USA

BLUE HALL**Meet-the-Expert 41267****SERVICE USER INVOLVEMENT IN ALL ASPECTS OF THE RESEARCH PROCESS**

M. NETTLE

Mental Health User Consultant, Worcester, UNITED KINGDOM

YELLOW HALL 1**Meet-the-Expert 42614****RECENT ADVANCES IN PSYCHOEDUCATION FOR BIPOLAR DISORDER**

M. ECONOMOU

First Department of Psychiatry, Medical School, University of Athens; University Mental Health Research Institute (UMHRI), Athens; Hellenic Branch of World Association for Psychosocial Rehabilitation, Athens, GREECE

YELLOW HALL 2**Meet-the-Expert 42941****INITIATIVES IN RESEARCHING PEER DELIVERED SERVICES**

E. ROGERS

Boston University Center for Psychiatric Rehabilitation, USA

YELLOW HALL 3**Meet-the-Expert 40711****ETIQUETTE IN THERAPEUTIC SETTINGS**

A. MENDOZA-CANTOS

Always Gracious, The Academy of Etiquette & Charm, Malverne, USA

WHITE HALL 1**Meet-the-Expert 43445****MOTIVATIONAL INTERVIEWING**

H. VAN BILSEN

Clinical Psychologist, Head of Programmes for St. Andrew's Healthcare Essex, UNITED KINGDOM

WHITE HALL 2**Meet-the-Expert 40952****POST PSYCHIATRIA, RECOVERY, GUARIGIONE: NUOVI ORIZZONTI E CONFERME ALLA LUCE DELLA TEORIA DELLA SELEZIONE DI GRUPPI DI NEURONI DI EDELMAN**

R. BOSIO

CSM 24 ore AUSL Cesena, Dipartimento di Salute Mentale, Cesena, ITALY

GREEN HALL**Thematic session 3/5****PHYSICAL HEALTH AND MENTAL DISORDERS (EN)**

CHAIR: I. KOSZA, HUNGARY

42891**ANXIETY AND SELF-ESTEEM IN DIABETES SUFFERING PERSONS: TARGET PATIENTS FOR PSYCHOTHERAPY**A. ZEQA¹, I. ALIMEHMETI¹, A. YLLI¹, S. GRABOVA²¹ Service of Endocrinology, University Hospital Centre 'Mother Theresa', Tirana, ALBANIA, ² Service of Neurology, University Hospital Centre 'Mother Theresa', Tirana, ALBANIA



41290

SOCIAL-PSYCHOLOGICAL TRAITS IN PREGNANT WOMEN WITH CHRONIC VIRAL HEPATITIS CI. KUPRIYANOVA ¹, T. KOVALEVA ², E. ALEKSEEVA ², K. CHUYKOVA ²¹ Mental Health Research Institute, Tomsk, RUSSIA, ² Siberian State Medical University SB RAMSci, Tomsk, RUSSIA

42937

COPING WITH PSYCHOSOMATIC PROBLEMS OF YOUNGER POPULATION IN SIBERIA

V. LEBEDEVA

Mental Health Research Institute, Tomsk, RUSSIA

8.45 - 9.30

WHITE HALL 2**Thematic session 3/7****PSYCHOTHERAPY IN REHABILITATION PROGRAMS (EN)**

CHAIR: G. ROCCA, ITALY

35102

INDEPENDENT LIVING AND JAPANESE PSYCHOLOGICAL REHABILITATION: A FAMILY BASED PROGRAM FOR PEOPLE WITH DISABILITYA. DADKHAH ¹, S. KUMAR ², H. NAHVINEJAD ³¹ University of social welfare and rehabilitation sciences, Tehran, IRAN, ² Chikushi Women's University, Fukuoka, JAPAN, ³ Welfare organization, Tehran, IRAN

37896

INDIVIDUAL PSYCHOTHERAPEUTIC TREATMENT IN COMMUNITY-BASED REHABILITATION

V. LÓPEZ FERNÁNDEZ, E. GARCIA ORDOÑEZ

CPBSSM-Rehabilitation Day Center, Barcelona, SPAIN

40864

AN EXPERIMENTAL INVESTIGATION IN THE COMBINED EFFECTIVENESS OF GROUP AND INDIVIDUAL PSYCHOANALYTIC PSYCHOTHERAPY WITH PHARMACOLOGICAL TREATMENT WITHIN A RESIDENTIAL CARE SETTING

J. GALE, T. SAFTIS

Community Housing and Therapy, London, UNITED KINGDOM

8.45 - 9.45

SPEAKERS' CORNER**TOPIC 1 - PARTICIPATION DES USAGERS (FR)**

CHAIR: A. TAVERNA, ITALY

40331

RÉSILIENCE. POUR UN RENOUVELLEMENT DES PRATIQUES CLINIQUES ET ORGANISATIONNELLES EN RÉADAPTATIONB. MICHALLET ¹, H. LEFEBVRE ², J. CHOUINARD ³¹ Université du Québec à Trois-Rivières, CANADA, ² Université de Montréal, CANADA, ³ Centre de Réadaptation Estrie, Sherbrooke, CANADA

41233

PASSER D'UNE CULTURE D'INVALIDITÉ VERS UNE CULTURE AXÉE SUR LES FORCES DANS UNE PERSPECTIVE PSYCHOÉDUCATIVE ET D'INTÉGRATION AU TRAVAILL. BOUCHARD ¹, D. HARVEY ²¹ Université du Québec à Trois-Rivières, Trois-Rivières, CANADA, ² Association Québécoise pour la Réadaptation Psychosociale, Québec, CANADA

41548

LE CARREFOUR COMMUNAUTAIRE-INSTITUTIONNEL-USAGERS: ESPACE D'ÉCHANGE DE SAVOIRS POUR TRANSFORMER LES SERVICES DE SANTÉ MENTALEV. COULOMBE¹, J. OUELLET²¹ Association Canadienne pour la Santé Mentale, Filiale de Montréal, CANADA, ² Centre d'Activités pour le Maintien de l'équilibre Émotionnel de Montréal-Nord, CANADA

43021

CORPS ET NARRATIVE: LE POINT DE VUE DES UTILIZATEURS DE SERVICES DE SANTÉ MENTALEN. MUNOZ¹, O. SERPAJR², E. LEAL³, C. DAHL², A. ARAUJO¹¹ Departamento de Psicologia - PURO/UFF, Rio das Ostras, BRAZIL, ² Departamento de Psiquiatria IPUB-UFRJ, Rio de Janeiro, BRAZIL, ³ Faculdade de Medicina de Macaé UFRJ, Macaé, BRAZIL

8.45 - 11.15

RED HALL**Symposium 42956****REHABILITATION AND SERVICE CHANGE IN THE 21ST CENTURY (organized with the International Mental Health Collaborating Newtork) - PART 1**

CHAIR: A. ROSEN, AUSTRALIA

- **What is rehabilitation?** (E. ROTELLI, ITALY)
- **The person at the centre in a recovery vision** (A. TOPOR, SWEDEN)
- **Rehabilitation into a whole life perspective** (J. ERIKSEN, DENMARK)
- **30 years of whole life, whole system in Trieste** (R. MEZZINA, ITALY)
- **Values and principles of recovery - the work of ICRA and IMHCN** (J. JENKINS, T. CAHILL, UNITED KINGDOM)

DISCUSSION: What rehabilitation achieved so far - innovations and good practices
(R. WARNER, USA)

REHABILITATION AND SERVICE CHANGE IN THE 21ST CENTURY (organized with the International Mental Health Collaborating Newtork) - PART 2: CHANGE THE SYSTEM WITH YOUNG PEOPLE

CHAIR: R. MEZZINA, ITALY

- **Captains of the Sand Project: building care networks for children and adolescents in the Historic Center of Salvador, Bahia, Brazil** (A.M. FERNANDES PITTA, BRAZIL)
- **The psychosocial rehabilitation approach in therapeutic groups for the sheltered youth** (L. COSTA LEITE, BRAZIL)
- **From Rehabilitation to psychosocial attention: an analysis of a network for child and adolescent mental health in construction** (I.C. FRICHE PASSOS, BRAZIL)

GREEN HALL**Symposium 43374****THE GiSAS TRIAL: ARIPIPRAZOLE, OLANZAPINE AND HALOPERIDOL IN THE LONG-TERM TREATMENT OF SCHIZOPHRENIA**

CHAIR: S. GARATTINI, ITALY

- **Introduction** (S. GARATTINI, ITALY)
- **The implementation of the GiSAS trial and its preliminary results** (A. BARBATO and A. PARABIAGHI, ITALY)
- **Comment on the trial's results and their implications** (C.E. ADAMS, UNITED KINGDOM)
- **Comment on the trial's results and their implications** (J. MONCRIEFF, UNITED KINGDOM)

8.45 - 10.15

BLUE HALL**Symposium 41243 (EN)****PSYCHOSOCIAL REHABILITATION IN ASIA: SERVICE, CULTURAL AND TRAINING ISSUES**

CHAIR: P. UDOMRATN (THAILAND)

SPEAKERS: P. UDOMRATN (THAILAND), T. MURALI (INDIA), TAE YEON HWANG (SOUTH KOREA), A. JAVED (UNITED KINGDOM)

YELLOW HALL 1**Symposium 41264 (EN)****PSYCHIATRIC COMMUNITY CARE: DO ITALIANS DO IT BETTER? THE ITALIAN PSYCHIATRIC REFORM AND THE ITALIAN PSYCHIATRIC SERVICES 30 YEARS LATER**

CHAIRS: M. CASACCHIA and E. RE, ITALY

- **The Italian psychiatric Reform: the “evergreen” Law 180** (M. CASACCHIA, ITALY)
- **Mental Health services in the community: an overview on critical and positive aspects** (R. BOSIO, ITALY)
- **Professionals’ experience based practices vs evidence based practices: how to integrate them in order to increase effectiveness?** (P. CAROZZA, ITALY)
- **Users, families, empowerment and recovery: promises and limits of the Italian way** (E. ROSSI, A. SVETTINI, ITALY)
- **Illness prevention and personal well-being** (A. MENEGHELLI, ITALY)

YELLOW HALL 2**Symposium 42114 (EN)****INTERNATIONAL PERSPECTIVES ON ASSISTING PEOPLE WITH SEVERE MENTAL ILLNESSES TO GAIN AND SUSTAIN EMPLOYMENT**

CHAIR: C. HARVEY, AUSTRALIA

- **Labour force activity and pathways to employment among working age adults with psychotic disorders: findings from the second Australian psychosis survey** (C. HARVEY, AUSTRALIA)
- **People with a severe mental illness and job acquisition: the role of supported employment programs in Canada** (M. CORBIÈRE, CANADA)
- **People with a severe mental illness and job retention: the role of social enterprise in Italy** (P. VILLOTTI, ITALY)
- **The Works: a practical tool enabling people with SMI to develop vocational pathways and skills** (S. BRAMLEY, UNITED KINGDOM)

YELLOW HALL 3**Symposium 43153 (EN)****THE ASSERTIVE COMMUNITY TREATMENT IN EUROPE**

CHAIR: J.J. MARTÍNEZ JAMBRINA, SPAIN

- **The assertive community treatment in Spain** (J.J. MARTÍNEZ JAMBRINA, SPAIN)
- **The FACT model in Holland** (M. BÄHLER, THE NETHERLANDS)
- **ACT teams for patients with first episode of psychosis** (R. FERNÁNDEZ, SPAIN)

WHITE HALL 1**Video Session 1**

CHAIR: A. GADDINI, ITALY

40855**STIGMA E DISCRIMINAZIONE NEGLI STUDENTI DEI CDL IN PROFESSIONI SANITARIE: UNO STUDIO CON LO STIGMAQUEST**

L. STARACE, M. ALTAMURA, A. PETTITO, A. BELLOMO

Dipartimento Scienze Mediche e del Lavoro, Università di Foggia, ITALY



41126

TIRA TEIMA: EMPOWERMENT INTERVENTION ON PROSTITUTES AND TRANSVESTITES IN BRAZIL

F. VIEIRA ¹, S.M.G. AMORIM ², A.P.L. BRANCALEONI ³

¹ Universidade de São Paulo, Ribeirão Preto, BRAZIL, ² UNIP - Universidade Paulista, Ribeirão Preto, BRAZIL,

³ UNESP - Universidade Estadual de São Paulo, Jaboticabal, BRAZIL

41492

INSERIMENTO LAVORATIVO DI UN RAGAZZO CON X FRAGILE IN UN ASILO

F. FOLINO

Associazione Il filo dalla Torre Onlus, Roma, ITALY

41540

FIORI DI CARTA: UNO SGUARDO INTORNO AL MONDO

T. DE DONATIS ¹, I. TONDI ¹, R. VIGILANTE ¹, M. VIOLA ¹, L. CESARI ², L. SPAGNOLO ², P. PALMARIGGI ¹

¹ Azienda Sanitaria Locale (ASL) Lecce, ITALY, ² Associazione Nuove Speranze, San Cesario di Lecce, ITALY

42801

REFLECTIONS ON PSYCHOSOCIAL REHABILITATION OF HOMELESS MENTALLY ILL IN INDIA: CASE STUDIES

J. SANTHOSH ¹, A. KUNNUPURATHU RAGHAWAN PI ²

¹ Mariasadnam Charitable Trust, Palai, INDIA, ² Rajagiri College of Social Sciences & Mariasadanam, Kochi, INDIA

42830

ESPERIENZE DI GUARIGIONE. ATTIVITÀ DI VOLONTARIATO PER UNA PARTECIPAZIONE ATTIVA ALLA COMUNITÀ

S. BONERA ¹, R. CIRLA ¹, I. SFORZINI ¹, L. CARPINO ¹, F. TICOZZI ², E. FERRARI ¹

¹ Cooperativa Sociale Casa del Giovane, Pavia, ITALY, ² La Città Incantata, Produzione Audiovisive, Pavia, ITALY

9.30 - 10.15

WHITE HALL 2

Thematic session 3/4

EVIDENCE RESISTANT SCHIZOPHRENIA (EN)

CHAIR: J. TALBOTT, USA

42429

A PROFILE OF PATIENTS PRESCRIBED HIGH DOSE ANTIPSYCHOTICS AND THE CLINICAL MANAGEMENT OF HIGH DOSE PRESCRIBING

G. AIELLO, S. AHMAD

East London Trust, City and Hackney Rehabilitation and Recovery Service, London, UNITED KINGDOM

43996

DEVELOPMENT OF A PSYCHODYNAMICALLY INFORMED COMMUNITY GROUP FOR PATIENTS WITH PSYCHOSIS

S. AHMAD, G. AIELLO

East London Trust, City and Hackney Rehabilitation and Recovery Service, London, UNITED KINGDOM

43997

REVIEWING THE ENVIRONMENT AS A CLINICAL INTERVENTION

S. AHMAD, L. ROLLINSON

East London Trust, City and Hackney Rehabilitation and Recovery Service, London, UNITED KINGDOM

10.15 - 11.15

BLUE HALL**Symposium 41844 (EN)****CULTIVATING UNIVERSITY ENVIRONMENTS THAT SUPPORT STUDENTS WITH PSYCHIATRIC DISABILITIES**

CHAIR: K. GILL, USA

- **The role of human capital for people with psychiatric conditions** (G GIACOBBE, USA)
- **LEARN services for college students** (M. MULLEN-GONZALEZ, USA)
- **UMDNJ's initiatives to cultivate a "no wrong door" approach to serving students with psychiatric conditions** (M. ROBERTS, USA)
- **Specific academic supports provided within the Department of Psychiatric Rehabilitation** (K. GILL, USA)

YELLOW HALL 1**Special Event****THE COLLAPSE OF MENTAL HEALTH SERVICES IN GREECE: A SOCIAL AND HUMANITARIAN CRISIS THAT CALLS FOR EUROPEAN SUPPORT.**

- STELIOS STYLIANIDIS, Associate Professor of Social Psychiatry, Panteion University, Athens
Vice President of WAPR
- PANAGIOTIS CHONDROS, Secretary of the Network of NGOs for Psychosocial Rehabilitation and Mental Health "ARGO" (representing 43 Greek NGOs)
President of the Association for Regional Development and Mental Health (EPAPSY)

YELLOW HALL 2**Symposium 37930 (ESP)****GIRONA: UNA RED DE SALUD MENTAL INTEGRAL QUE CIERRA EL HOSPITAL PSIQUIÀTRICO**

CHAIR: J. CID COLOM, SPAIN

- **La gestión como herramienta para trasladar la atención en salud mental a la comunidad** (J. CID COLOM, SPAIN)
- **La red de salud mental de Girona, continuidad de cuidados y coordinación. Resultados de los últimos 5 años** (C. CAMPS GARCIA, SPAIN)
- **La atención hospitalaria como elemento clave en rehabilitación y recuperación comunitaria** (C. GISBERT AGUILAR, SPAIN)

YELLOW HALL 3**Symposium 39376 (IT)****IL TRATTAMENTO DEI PAZIENTI PSICHIATRICI AUTORI DI REATO DOPO LA CHIUSURA DEGLI OSPEDALI PSICHIATRICI GIUDIZIARI: PROGETTI E MODELLI DI INTERVENTO**

CHAIR: P. LEGGERO, ITALY

- **Il modello Interactive nella riabilitazione del paziente autore di reato** (P. LEGGERO, N. BRONDINO e A. GOGGI, ITALY)
- **Il paziente autore di reato tra carcere e territorio** (M. CLERICI, ITALY)
- **Unità Operativa Forense di Torino: un'esperienza pilota** (A. JARETTI SODANO, ITALY)

WHITE HALL 1**Symposium 42588 (IT)****ANPIS...LE BUONE PRATICHE PER L'INTEGRAZIONE SOCIALE... LINGUAGGI NON FORMALI E INFORMALI.. SPORT, ARTE, CULTURA**

CHAIR: N. BARUFFI, ITALY

SPEAKERS: N. BARUFFI, S. ZANOLINI, M. RAFFAELI, P. CORI (ITALY)

10.15 - 11.15

WHITE HALL 2**Thematic Session 4/16****VALUTAZIONE DI QUALITÀ DELLE RESIDENZE (IT)**

CHAIR: A. ERLICHER, ITALY

42529**GLI UTENTI E LA QUALITÀ DEI SERVIZI RESIDENZIALI: PRINCIPALI RISULTATI DI UNA RICERCA ESPLORATIVA**

A. RISSOTTO, M. SCAFFA

Institute of Cognitive Sciences and Technologies, National Research Council, Rome, ITALY

42608**L'ABITARE AUTONOMO NEI PROCESSI DI RECOVERY**

M. LAPENNA, T. DE DONATIS, M.P. FONTANA, S. DE GIORGI

Dipartimento Salute Mentale ASL Lecce, ITALY

42521**LA QUALITÀ DELLE RESIDENZE PER LA SALUTE MENTALE: ANALOGIE E DIFFERENZE TRA COMUNITÀ TERAPEUTICHE, CASE FAMIGLIA E APPARTAMENTI DAL PUNTO DI VISTA DEGLI OPERATORI**

M. SPERA

Institute of Cognitive Sciences and Technologies - National Research Council, Rome, ITALY

41472**IL LAVORO NELLA RESIDENZIALITÀ IN UN'OTTICA DI EMPOWERMENT DI UTENTI E FAMILIARI**V. XOCCO¹, M.N. TIEZZI², L. TAVOLACCINI²¹ Dipartimento Salute Mentale Interaziendale Torino 1, ITALY, ² Laboratorio di Gruppoanalisi, Torino, ITALY**SPEAKER'S CORNER****TOPIC 2 - FAMILIES AND CAREGIVERS (IT/EN)**

CHAIR: E. MUGGIA, ITALY

40923**L'AFFIDO ETEROFAMILIARE ASSISTITO PER PAZIENTI CON DISAGIO PSICHICO: LE ESPERIENZE DI MONZA (SO-STARE CON VOI) E DI BERGAMO (LA CASA ABITATA - LA FAMIGLIA CHE CURA)**M. CLERICI¹, E. AMATO², M. CORONELLI³, A. BREGANTIN², A. VIGANÒ³, R. BALACCO⁴, M. CORTINOVIS⁴,
L. MAZZALI³, F. VIGNAGA², S. PEDRINI⁴, L. AGOSTINELLI⁴, R. CASAMENTI⁴¹ Azienda Ospedaliera S. Gerardo, Monza, ITALY, ² Azienda Ospedaliera Ospedali Riuniti di Bergamo, ITALY,³ Cooperativa Sociale Novo Millenio, Monza, ITALY, ⁴ Cooperativa Sociale AEPER, Bergamo, ITALY**42919****FAMIGLIE, PAZIENTI E SERVIZI: STRATEGIE DI EMPOWERMENT IN UNA STRUTTURA SEMIRESIDENZIALE IN UN HINTERLAND METROPOLITANO**S. PITTINI¹, F. BARILE², P. CAGNONI¹, P. FERRADINI¹, S. RUBERTI¹, U. MAZZA²¹ UOP 40 - Dipartimento Salute Mentale - AO Bassini Cinisello Balsamo - ICP, Milano, ITALY,² Psicologia Clinica - Dipartimento Salute Mentale - AO San Gerardo di Monza, ITALY**42623****CARE FOR CAREGIVERS**Y. HUIZER¹, B. REGEER¹, J. PRINSEN², E. REGEER²¹ Athena Institute, VU University, Amsterdam, THE NETHERLANDS, ² Altrecht Bipolair, Utrecht, THE NETHERLANDS

11.15 - 12.45

RED HALL**Special Symposium 1 (programma ECM)****SOCIAL DETERMINANTS OF MENTAL DISORDERS**

CHAIR: M. TANSELLA, ITALY

11.15-11.45 **Neglected social determinants in psychiatry** (M. AMERING, AUSTRIA)11.45-12.15 **A sociological perspective** (C. LAVAL, FRANCE)12.15-12.45 **Social inequalities and mental health: international comparisons**
(R. ARAYA, UNITED KINGDOM)**BLUE HALL****Special Symposium 2 (programma ECM)****BEYOND DISABILITY: NEW APPROACHES TO FUNCTIONAL ASSESSMENT**

CHAIR: F. PRIESTER, USA

11.15-11.45 **Functional assessment, the ICF and human rights** (J. BICKENBACH, SWITZERLAND)11.45-12.15 **WHO World report on disability** (T. SHAKESPEARE, SWITZERLAND)12.15-12.45 **Disentangling the Gordian knot: disability and diagnosis of mental disorders**
(L.SALVADOR-CARULLA, AUSTRALIA)

12.45 -13.45

RED HALL**Thematic Session 4/3****EMPLOYMENT FOR PEOPLE WITH MENTAL DISORDERS (EN)**

CHAIR: A. FIORITTI, ITALY

41256**EMPLOYERS' ATTITUDES TOWARDS THE EMPLOYMENT OF MENTAL HEALTH REHABILITEES**N. LAITINEN ¹, N. AAROLA ¹, K. LATOSTENMAA ¹, M. SALLINEN ¹, T. MYLLYMAA ¹, A. VIRTA ²¹ Satakunta University of Applied Sciences, Faculty of Social Services and Health Care, Pori, FINLAND, ² Attendo, Psychiatric Policlinic, Pori, FINLAND**41539****BEYOND THE ROCKING HORSE: EXPLORING WHAT WORK MEANS TO ADULTS WITH PSYCHIATRIC DISABILITIES**

U. MILLNER, E.S. ROGERS, A.L. FERLISI

Center for Psychiatric Rehabilitation, Boston University, USA

42066**THE EFFECTIVENESS OF INDIVIDUAL JOB PLACEMENT AND SUPPORT FOR PEOPLE WITH SEVERE MENTAL ILLNESS ACCORDING TO THE LAW 68/99: A ONE-YEAR SURVEY IN TWO DEPARTMENTS OF MENTAL HEALTH IN LOMBARDY**A. BITETTO ¹, A. QUARENGHI ², R. PIPERNO ¹, F. COVA ², A. DE BARI ¹, T. MARANESI ², S. MILANI ³, M. CLERICI ¹¹ Academic Department of Mental Health, San Gerardo Hospital, University of Milan Bicocca, Monza, ITALY, ²Department of Mental Health, Sacco Hospital, Milan, ITALY, ³ Sezione di Statistica Medica e Biometria G.A. Maccacaro, University of Milan, ITALY**41316****PROGRAMS OF EMPLOYMENT SUPPORT EMPLOYMENT AND COMPANIES OF THE SOCIAL ECONOMY, A PROJECT OF COLLABORATION AND JOINT RESEARCH WALLONIE - QUÉBEC: LE PROJET SOLIDARITÉ TRANSATLANTIQUE**C. CHARBONNEAU ¹, M. CORBIÈRE ², B. JACOB ³¹ Accès-Cible SMT / Association Québécoise pour la Réadaptation Psychosociale (AQRP), Montréal, CANADA, ² Caprit, Université de Sherbrooke, Longueuil, CANADA, ³ Association Interrégionale de Guidance et de Santé, Vottem, BELGIUM

12.45 -13.45

BLUE HALL**Thematic Session 4/11****SERVICE MODELS 1 (EN)**

CHAIR: R. MEZZINA, ITALY

42040**PSYCHOSOCIAL HEALTH CENTERS IN SÃO PAULO, BRAZIL: DIFFERENT WAYS TO TAKE CARE**A. NASCIMENTO ¹, A. GALVANESE ²¹ Faculdade de Ciências Médicas da Santa Casa de São Paulo, BRAZIL, ² Faculdade de Medicina da Universidade de São Paulo, BRAZIL**42360****PSYCHOSOCIAL CARE CENTERS: CHARACTERIZING THE INSTITUTION, THE OCCUPATIONAL THERAPISTS' ACTIONS AND THE SERVICE USERS**

A. BUENO, T. MATSUKURA

Federal University of São Carlos - Department of Occupational Therapy, São Carlos, BRAZIL

41752**OUTREACH SERVICES FOR PEOPLE WITH SEVERE MENTAL ILLNESS IN TOKYO**

K. OGAWA, A. KIKUCHI, Y. IJIMA, Y. SATO, M. SUZUKI, A. OSUGI, M. IGARASHI, S. OYAMADA, T. TANAKA

Tokyo Metropolitan Center for Mental Health and Welfare, Tokyo, JAPAN

41799**NETWORKING, COMMUNITY RESOURCES AND MENTAL HEALTH IN REMOTE AREAS: THE EXPERIENCE OF THE MOBILE UNITS IN CYCLADES ISLANDS**S. STYLIANIDIS ¹, S. PANTELIDOU ², P. CHONDROS ³, M. LAVDAS ³¹ Panteion University, Athens, GREECE, ² Mobile Mental Health Units of EPAPSY, Athens, GREECE, ³ Association for Regional Development and Mental Health (EPAPSY), Athens, GREECE**YELLOW HALL 1****Thematic Session 4/17****HUMAN RIGHTS (EN)**

CHAIR: J. JENKINS, UNITED KINGDOM

42839**EPIDEMIOLOGICAL RESEARCH ON THE INVOLUNTARILY AND VOLUNTARILY HOSPITALIZED PATIENTS IN THE MENTAL HOSPITAL OF ATTICA: RECENT DATA AND VIOLATION OF HUMAN RIGHTS**S. STYLIANIDIS ¹, L. PEPOU ², N. DRAGONAKIS ³¹ Panteion University, Psychology Department, Athens, GREECE, ² Association for Regional Development and Mental Health (EPAPSY), Athens, GREECE, ³ Mental Health Hospital of Attica, Athens, GREECE**43095****RESEARCH FOR THE PROTECTION OF HUMAN RIGHTS IN ELDERLY PSYCHIATRIC PATIENTS LIVING IN RESIDENTIAL FACILITIES IN THE COMMUNITY**P. CHONDROS ¹, A. VARVARESOU ², X.A. ALEXIADOU ³, K. MARKOU ⁴, S. STYLIANIDIS ⁵¹ Epapsy, GREECE, ² CH "Ariadne", Epapsy, GREECE, ³ Lamia's Residential Home, Epapsy, GREECE ⁴ Penteli's Residential Home, Epapsy, GREECE, ⁵ Panteion University, Athens, GREECE**43004****PERCEPTION OF USERS OF MENTAL HEALTH SERVICES ABOUT THEIR HUMAN RIGHTS**M. OLIVEIRA ¹, S. BARROS ²¹ Escola de Enfermagem da Universidade de São Paulo, BRAZIL, ² Escola de Enfermagem da Universidade de São Paulo, BRAZIL**40964****HUMAN RIGHTS CONTROVERSIES IN MENTAL HEALTH - IMPLICATIONS FOR CITIZENSHIP**

V. ERICHSEN

University of Bergen, NORWAY

YELLOW HALL 2**Thematic Session 4/6****INTERVENTI PRECOCI: ESPERIENZE ITALIANE (IT)**

CHAIR: A. COCCHI, ITALY

43853**ORGANIZZAZIONE DI UN CENTRO DEDICATO PER GLI ESORDI PSICOTICI "GIPPSI" NEL DSM
ASL BARI**

A. CAROFIGLIO

Centro Esordi Psicotici GIPPSI, Bari, ITALY

43855**LA PRESA IN CARICO DEGLI ESORDI NEI CENTRI DI SALUTE MENTALE PUGLIESI: DALLO STATUS
QUO AL MIGLIORAMENTO DI QUALITÀ**

A. SAPONARO

Dipartimento di Salute Mentale ASL Brindisi, ITALY

42931**PERCORSI DI INCLUSIONE SOCIALE E TRATTAMENTO PER ADOLESCENTI IN CONDIZIONI
MAL-ADATTIVE, CARATTERIZZATE DA CONSUMO DI SOSTANZE PSICOATTIVE E DA DISAGIO
PSICHICO**D. MOTTO¹, S. CANTON¹, R. DE FACCI²¹ Cooperativa Lotta contro l'Emarginazione, Milano, ITALIA, ² Coordinamento nazionale comunità di accoglienza (CNCA), Milano, ITALIA**41841****APPROPRIATEZZA PRESCRITTIVA E RIABILITAZIONE PRECOCE NEGLI ESORDI PSICOTICI:
ANALISI DI UN CAMPIONE IN UN DIPARTIMENTO DI SALUTE MENTALE**

P. CALÒ, M.R. GRIMALDI, S. DE GIORGI

Dipartimento di Salute Mentale, Lecce, ITALY

YELLOW HALL 3**Thematic Session 4/7****SITUAZIONI A RISCHIO ED ESORDI PSICOPATOLOGICI: MODELLI DI INTERVENTO (IT)**

CHAIR: E. ROSSI, ITALY

42542**STILI DI FUNZIONAMENTO FAMILIARE IN UNA POPOLAZIONE DI SOGGETTI A RISCHIO DI
PSICOSI**E. VISANI¹, R.M. MENINCHICHERI², A. DE.FRANCISCI², T. PIERSANTI², P. RECCHIONI², A. BALBI²¹ Istituto Italiano Psicoterapia Relazionale, Rome, ITALY, ² Dipartimento Salute Mentale Asl Rm/D, Rome, ITALY**42409****FAMIGLIE ADOTTIVE A RISCHIO: UN MODELLO DI INTERVENTO PER PREVENIRE ESORDI
PSICOPATOLOGICI**

F. VADILONGA, S. PETOLETTI

CTA - Centro di Terapia dell'Adolescenza, Milano, ITALY

42688**GLI INTERVENTI METACOGNITIVI NELLA PSICOSI AGLI ESORDI**

P. OTTAVI, L. LA GROTTA, D. D'ALIA, B. BIANCALANA

Cooperativa Sociale Aelle Il Punto. Centro Di Terapia Metacognitiva Interpersonale. Istituto Beck, Roma, ITALY

41325**TRATTAMENTO ANTIPSICOTICO PRECOCE ED ULTRAPRECOCE: ATTUALITÀ, LIMITI ED
ORIZZONTI FUTURI**C. CATTANEO¹, V. D'ALÒ²¹ ASL Novara, DSM Novara, Borgomanero, ITALY, ² Università del Piemonte Orientale, Novara, ITALY

12.45 -13.45

WHITE HALL 1**Thematic Session 4/4****MÉTHODES ET PROGRAMMES DE TRAITEMENT (FR)**

CHAIR: B. SARACENO, SWITZERLAND

41315**DÉVELOPPEMENT D'UN PROGRAMME DE TRAITEMENT ET DE RÉADAPTATION SÉQUENTIEL POUR PERSONNES SOUFFRANT DE DÉPRESSIONS CHRONIQUES ET RÉFRACTAIRES, QUÉBEC, CANADA**

A. TAILLEFER, A. LETARTE, F. GÉLINAS

Hôpital Louis-H. Lafontaine, Institut universitaire de Santé Mentale, Montréal, CANADA

41854**LE PENFLURIDOL ET L'EQUIPE MOBILE DE PSYCHIATRIE (EMP) DE POINTE-À-PITRE**

F. SCHEIDER

CHU de Pointe-à-Pitre, Abymes, GUADELOUPE

41621**ET SI VOTRE ASSISTANT PERSONNEL NUMÉRIQUE (APN) DEVENAIT UN OUTIL DE SOUTIEN À LA RÉADAPTATION ET AU RÉTABLISSEMENT...**C. BRIAND¹, K. CHARBONNEAU¹, M. LALANDE¹, J.A. THERRIEN¹, J. SABLIER², R. WEISS-LAMBROU¹¹ Centre de recherche Fernand-Seguín, Université de Montréal, CANADA, ² Laboratoire Age, Imaging and Modeling, Grenoble, FRANCE**43618****LA QUESTION DU TRAVAIL EN HÔPITAL DE JOUR AVEC ATELIER THÉRAPEUTIQUE**

J-C. MOULIN

Association l'Élan Retrouvé, Paris, FRANCE

WHITE HALL 2**Thematic Session 4/12****DEMENTIA AND COGNITIVE IMPAIRMENT (EN)**

CHAIR: M. ECONOMOU, GREECE

40680**THE UK MEMORY SERVICES NATIONAL ACCREDITATION PROGRAMME [MSNAP]**M. ORRELL¹, E. DONCASTER², S. HODGE²¹ University College London, UNITED KINGDOM, ² College Centre for Quality Improvement, London, UNITED KINGDOM**40681****CHANGING PRACTICE TO REDUCE ADMISSIONS FOR DEMENTIA**A. QAZI¹, M. ORRELL²¹ North East London Foundation Health, London, UNITED KINGDOM, ² University College London, UNITED KINGDOM**43086****MEDICAL SOCIAL WORKER SUPPORT FOR DEMENTIA PATIENTS OF ECONOMIC PROBLEMS -THE NECESSITY FOR SOCIAL ADVOCACY AND SOCIAL WORK PRACTICE**

A. SEIKE, A. TAKEDA, H. MIURA, T. SAKURAI, H. ENDO, Y. WASHIMI, K. TOBA

National Center for Geriatric and Gerontology, The Center for Comprehensive Care and Research on Memory Disorders, JAPAN

43122**PSYCHOSOCIAL AND COGNITIVE IMPACT AND RE-SOCIALIZATION IN ALZHEIMER'S DISEASE**L.I. BRUSCO¹, R. MONTENEGRO²¹ Fundación Humanas, ARGENTINA; ² Fundación Contener, ARGENTINA

12.45 - 13.30

GREEN HALL**Thematic Session 3/11****PSYCHOPHARMACOLOGY (EN)**

CHAIR: TAE-YEON HWANG, SOUTH KOREA

41238**PREFERENCE FOR LONG-ACTING INJECTABLE ANTIPSYCHOTICS OF COMMUNITY-DWELLING PATIENTS WITH SCHIZOPHRENIA AND THEIR CAREGIVERS IN KOREA**

I. CHUNG, NAM-Y. LEE, T. YOUN, Y-S. KIM

Department of Neuropsychiatry, Dongguk University International Hospital, Dongguk University Medical School, Goyang-si, Gyeonggi-do, SOUTH KOREA

42680**INDICATIONS AND PATTERN OF RAPID TRANQUILISATION IN A PSYCHIATRIC INTENSIVE CARE UNIT (PICU) AT A LARGE PSYCHIATRIC HOSPITAL IN SRI LANKA**

R. SENEVIRATNE, S.W. KOTALAWALA, B.J.MENDIS

National Institute of Mental Health, Angoda, SRI LANKA

40919**THE USE OF ELECTRONIC MONITORING (MEMS®) OVER A ONE YEAR PERIOD TO EVALUATE ADHERENCE AND OUTCOME IN SCHIZOPHRENIA: RESULTS FROM THE SWEDISH COAST STUDY**C. BRAIN ¹, K. ALLERBY ², B. SAMEBY ², T. BURNS ³, J. EBERHARD ⁴, E. LINDSTRÖM ⁵, M. WAERN ¹¹ Institute of Neuroscience and Physiology. Department of Psychiatry and Neurochemistry. University of Gothenburg, SWEDEN, ² Psychosis Clinic. Sahlgrenska University Hospital, Gothenburg, SWEDEN, ³ Department of Psychiatry.University of Oxford, UNITED KINGDOM, ⁴ Department of Psychosis Studies, Institute of Psychiatry. King's College, London, UNITED KINGDOM, ⁵ Department of Neuroscience. University of Uppsala, SWEDEN

13.00 - 15.00

VISIT POSTER EXHIBITIONS ON LEVEL 1 AND 2

For poster lists, please see Section ABSTRACT BOOK, page 230

13.30 - 15.15

GREEN HALL**Thematic Session 6/4****EVALUATION (EN)**

CHAIR: R. BOSIO, ITALY

41797**RESULTS OF AN IMMEDIATE, INTENSIVE AFTERCARE PROGRAM FOR NON-PSYCHOTIC PATIENTS**S. ARNFRED ¹, K. KRAKAUER ², M. NILSSON ¹¹ Psychiatric Centre Ballerup, Capital Region Mental Health Services, Copenhagen, DENMARK, ² Psychiatric Centre Copenhagen, Capital Region Mental Health Services, Copenhagen, DENMARK**41402****EVALUATING ROUTINELY QUALITY OF CARE IN SEVERE MENTAL ILLNESS**A. LORA ¹, E. MONZANI ², G.C. CESANA ³, G. CORRAO ³, A. ZAMBON ³, B. IBRAHIM ³, P. LOVAGLIO ³¹ Azienda Ospedaliera Della Provincia di Lecco, ITALY, ² Azienda Ospedaliera Niguarda Ca' Granda, Milano, ITALY, ³ Università Degli Studi di Milano Bicocca, Milano, ITALY**41170****IPACT - A SWEDISH MODEL FOR INTENSIVE TREATMENT IN INTEGRATED PSYCHIATRY, A COMMUNITY BASED CASE MANAGEMENT MODEL: A ONE-YEAR FOLLOW-UP**

C. KARLSSON, K. ALLERBY, B. SAMEBY, H. OLSSON, S. LANDQVIST-STOCKMAN, C. BRAIN

Reach Out Team, Sahlgrenska University Hospital, Gothenburg, SWEDEN



42986

EVALUATION OF THE RECOVERY-ORIENTED REORGANISATION OF THE PSYCHIATRIC SERVICES IN BREMERHAVEN

L. DEGANO KIESER ¹, J. UTSCHAKOWSKI ¹, U. KRÄMER ¹, U. GONTHNER ², G. EIKMEIER ², A. LACROIX ², B. BABITSCH ³
¹ FOKUS - Initiative zur sozialen Rehabilitation, Bremen, GERMANY, ² Behandlungszentrum für Psychiatrie, Psychotherapie und Psychosomatik - Klinikum Reinkenheide Bremerhaven, Bremerhaven, GERMANY, ³ Universität Osnabrück, FB8, Fachgebiet New Public Health, Osnabrück, GERMANY

42547

QUALITY OF MENTAL HEALTH SERVICES: THE STAKEHOLDERS' POINT OF VIEW. QUALITATIVE DATA FROM AN ITALIAN MULTI-CENTRIC PROJECT

E. GUZZETTA ¹, M. SAVIO ², E. MONTORFANO ², M. DE GIORGI ³, P. PINI ⁴, S. CROSATO ⁵, M. SACCO ¹, M. SQUEO ⁶, A. FIORITTI ¹, C. CORBASCIO ²
¹ Ausl Bologna, ITALY, ² Ausl Asti, ITALY, ³ Ausl Torino, ITALY, ⁴ Ausl Livorno, ITALY, ⁵ Ausl Reggio Emilia, ITALY, ⁶ Ausl Bari, ITALY

37936

IMPACT OF HALF-WAY HOME CARE SERVICES FOR PERSONS WITH PSYCHIATRIC DISABILITY

M. RANGANATHAN ¹, E. SINU ²
¹ Family Fellowship Society For Psychosocial Rehabilitation Services, Bangalore, INDIA, ² Dept Of Psychiatry, Kasturba Medical College, Manipal University, Manipal, INDIA

13.45 - 15.15

RED HALL
Symposium 38942
RECOVERY OF THE PSYCHIATRIC KNOWLEDGE BASE - IS RECOVERY POSSIBLE AND PROBABLE WITHOUT THIS?

CHAIR: M. BORG, NORWAY

SPEAKERS: M. BORG (NORWAY), A. TOPOR (SWEDEN), P. JENSEN (DENMARK), M. SEIDER (DENMARK)

BLUE HALL
Symposium 43373
RIPENSARE IL WELFARE LOCALE

CHAIR: M.P. BRUNATO, ITALY

SPEAKERS: S. CHIAMPARINO, M.P. BRUNATO, N. DIRINDIN (ITALY)

YELLOW HALL 1
Symposium 40820
INNOVATIONS IN PSYCHIATRIC REHABILITATION

CHAIRS: R. WARNER, USA and M. AMERING, AUSTRIA

- **Innovations in cognitive therapy for psychosis** (D. FOWLER, UNITED KINGDOM)
- **Effects of cognitive therapy on the development of psychotic symptoms in people at high risk of developing psychosis** (P. FRENCH, UNITED KINGDOM)
- **Effectiveness of web-based family psychoeducational therapy delivered to the homes of people with schizophrenia and their family members** (A.J. ROTONDI, USA)
- **Innovative programs for the jail diversion for offenders with mental illness and substance abuse problems** (R. WARNER, USA)

YELLOW HALL 2**Symposium 43151****THE LOCAL IMPLEMENTATION OF PSYCHOSOCIAL REHABILITATION POLICIES: THE EXPERIENCE OF SPAIN**

CHAIR: A. VALLESPI, SPAIN

DISCUSSANT: R. GUINEA, SPAIN

- **FEARP intervention in the inclusion of the mentally ill in the Dependency System** (A. VALLESPI, SPAIN)
- **A sample about the role on ONGs** (F. SARDINA, SPAIN)
- **The contribution of “Asociacion Española de Neuropsiquiatria” (AEN)** (E. GAY, SPAIN)
- **International cooperation** (C. FERRER, SPAIN)

YELLOW HALL 3**Symposium 42461****ESTABLISHING AN INTERNATIONAL NETWORK OF THERAPEUTIC COMMUNITIES**

CHAIR: J. GALE, UNITED KINGDOM

SPEAKERS: R. BARONE (ITALY), J. MANNU (ITALY), L. MINGARELLI (ITALY), S. BRUSCHETTA (ITALY), T. SAFTIS (UNITED KINGDOM), G. ZOVANNI (UNITED KINGDOM)

WHITE HALL 1**Symposium 43501****COOPERAZIONE SOCIALE ED ASSOCIAZIONISMO DI UTENTI, FAMILIARI ED OPERATORI NELLA SALUTE MENTALE: BUONE PRATICHE NELLA GESTIONE DI UN BENE COMUNE**

CHAIR: G SALLUCE, ITALY

- **Salute Mentale come bene comune** (M. CIAMBELLINI, G. GIBELLINI, ITALY)
 - **L'abitare come sistema di intervento nella complessità: la realizzazione delle case per utenti psichiatrici, la costituzione delle reti sociali sul territorio, la riduzione dei ricoveri ospedalieri** (P. SALEMME, ITALY)
 - **Il progetto terapeutico-riabilitativo in una Comunità residenziale e semiresidenziale della ASL NA1 Centro con pazienti psicotici e con disturbi borderline di personalità** (O. OCCHIUZZI, ITALY)
 - **L'esperienza dell'abitare sociale nella cooperazione sociale del Materano** (R.L. DI CHIO, S. COLOMBA, R. VENEZIA, ITALY)
 - **Servizio sollievo. Per offrire un intervento territoriale nelle diverse province ed ambiti sociali territoriali della Regione Marche in collaborazione con le ASL** (L. LORENZETTI, ITALY)
 - **Educare leggermente. Esperienze di residenzialità territoriale in Salute Mentale** (L. BRAMBILLA, ITALY)
 - **Buone prassi per l'inserimento lavorativo in Salute Mentale** (G. BRUNATO, ITALY)
- INTERVENGONO: P. RELANDINI, A. BAGNI, R.L. SANTARCANGELO, D. MOTTO (ITALY)

WHITE HALL 2**Symposium 42969****NUOVE GEOGRAFIE DELLA SALUTE**

CHAIR: R. CIMA, ITALY

SPEAKERS: R.CIMA (ITALY), B. DIALLO (REPUBLIC OF GUINEA), C. PASTELLI (ITALY), M. DABO (ITALY), F. FLEURY (SWITZERLAND)

14.00 - 15.00

SPEAKERS' CORNER**TOPIC 3 - RETI SOCIALI E PROCESSI DI INCLUSIONE (IT)**

CHAIR: E. RE, ITALY

40623**L'INNOVAZIONE NELLA PROGETTAZIONE E REALIZZAZIONE DI INTERVENTI ORIENTATI ALL'ATTIVAZIONE DI UNA RETE DI RELAZIONI E AL RECUPERO DI RUOLI SOCIALI**L. LAMPRILO ¹, D. DESTRO ²¹ DSM ASL Biella, ITALY, ² Cooperativa Sociale Coccinella, Biella, ITALY**38921****IL RUOLO DEL TEATRO DI COMUNITÀ NEI PROCESSI DI INCLUSIONE SOCIALE**

F. FIASCHINI

University of Pavia, ITALY

42578**PSICORADIO: CRONACA DI UN'ESPERIENZA**C. LASAGNI ¹, A. FIORITTI ², I. DONEGANI ²¹ Psicoradio, Arte e Salute ONLUS, Bologna, ITALY, ² DSM-DP, Azienda USL di Bologna, ITALY**40842****INSERIMENTO LAVORATIVO, RIABILITAZIONE PSICOSOCIALE E RETE SOCIALE: APPROCCI E DISTANZE TRA DUE ESPERIENZE BRASILIANE E UNA ITALIANA**I. DE OLIVEIRA LUSSI ¹, M. ORNELLAS PEREIRA ²¹ Universidade Federal de São Carlos, São Carlos, BRAZIL, ² Universidade Estadual Paulista Júlio de Mesquita Filho, Botucatu, BRAZIL

15.15 - 16.45

RED HALL**Special Symposium 3 (programma ECM)****ROLE OF NON-GOVERNMENTAL ORGANIZATIONS IN MENTAL HEALTH CARE**

CHAIR: R. GUINEA, SPAIN

- **Experience of social firms in Europe** (B. JACOB, BELGIUM)
- **The future role of NGOs in psychosocial rehabilitation** (A. FERGUSSON, COLOMBIA)
- **The role of NGO's in mental health care- the GIP experience** (R. VAN VOREN, THE NETHERLANDS)

BLUE HALL**Special Symposium 4 (programma ECM)****ADVANCES IN DRUG TREATMENT OF SEVERE MENTAL DISORDERS**

CHAIR: S. GARATTINI, ITALY

- **Issues in antipsychotic drug therapy** (C.E. ADAMS, UNITED KINGDOM)
- **An alternative approach to drug treatment in severe mental disorders** (J. MONCRIEFF, UNITED KINGDOM)
- **Relapse prevention with antipsychotic drugs for schizophrenia** (S. LEUCHT, GERMANY)

16.45 - 18.15

RED HALL**Symposium 40575****RECOVERY & SOCIAL NETWORKS IN EUROPE: MULTICULTURAL PERSPECTIVES**

CHAIR: A JAVED, UNITED KINGDOM

SPEAKERS: M. AMERING (AUSTRIA), M. HOPFENBECK (NORWAY), M. NETTLE (UNITED KINGDOM)

BLUE HALL**Symposium 43014****MENTAL HEALTH CARE FOR PEOPLE WITH SEVERE MENTAL DISORDERS: WHAT HAVE WE LEARNED FROM INNOVATIVE REFORMS IN EUROPE?**

CHAIR: J. CALDAS DE ALMEIDA, PORTUGAL

SPEAKERS: J. CALDAS DE ALMEIDA (PORTUGAL), H. KILLASPY (UNITED KINGDOM), A. FIORITTI (ITALY), J.-L. ROELANDT (FRANCE), M. LOPEZ (SPAIN)

YELLOW HALL 1**Symposium 42708****AUTISMO E SERVIZI DI SALUTE MENTALE. ESPERIENZE E PROSPETTIVE**

CHAIR: G. ROCCA, ITALY

SPEAKERS: G. ROCCA, A. PIERINI, L. MONTAGNOLI, M. CANALICCHIO, L. BRIVIO (ITALY)

YELLOW HALL 2**Symposium 42268****PSYCHOSOCIAL REHABILITATION IN INDIA**

CHAIRS: T. MURALI (INDIA), A. SARIN

DISCUSSANT: M. VARGHESE, INDIA

SPEAKERS: R. ABRAHAM, V. K. RADHAKRISHNAN, C.R. RAMASUBRAMANIAM (INDIA)

YELLOW HALL 3**Symposium 41659****UTENTE PROMOTORE DI SALUTE: PERCORSI DI FIDUCIA ED INCLUSIONE SOCIALE**

CHAIR: G. GHIDETTI, ITALY

SPEAKERS: G. GHIDETTI, A. SANTONI, L. LISI, G. BRUZZESE, M.G. BERTELLONI, M. BIGA (ITALY)

WHITE HALL 1**Symposium 40736****LA PSICOANALISI MULTIFAMILIARE NELL'ESPERIENZA DEI SERVIZI DI SALUTE MENTALE**

CHAIR: A. NARRACCI, ITALY

SPEAKERS: M. HABIB (FRANCE), E. MITRE (ARGENTINA), E. PALLEIRO (URUGUAY), F. RUSSO (ITALY), F. CEPPI (ITALY)

WHITE HALL 2**Symposium 42485****THE PSYCHIATRIC REHABILITATION TECHNICIAN: THE NEED OF A SPECIFIC PROFESSIONAL ROLE IN MENTAL HEALTH?**

CHAIR: A. VITA, ITALY

DISCUSSANT: G. CORRIVETTI, ITALY

- **The psychiatric rehabilitation technician: development of the Italian professional profile** (E. CAVALLI, ITALY)
- **Who is working in the psychiatric rehabilitation équipe in Italy and abroad?** (D. USSORIO, ITALY)
- **The main features of the practical training of the psychiatric rehabilitation technicians** (P. FURLAN, ITALY)
- **The core curriculum of the psychiatric rehabilitation technicians** (R. RONCONE, ITALY)

16.45 - 18.15

GREEN HALL**Thematic Session 6/6****RESIDENTIAL CARE (EN)**

CHAIR: A. GADDINI, ITALY

38135**THE RESIDENCES FOR PERSONS WITH SEVERE MENTAL ILLNESS AS A THERAPEUTIC-REHABILITATION RESOURCE**D. LASCORZ ^{1,2}¹ Fundació Salut Mental Cpb, Barcelona, SPAIN, ² Centre Psicoteràpia Barcelona Ssm, Barcelona, SPAIN**42401****COUNT AND FINANCING OF RESIDENTIAL FACILITIES FOR SEVERELY MENTALLY ILL IN BALANCED PUBLICLY FUNDED HEALTH AND SOCIAL SERVICES SYSTEMS**A. LESAGE ¹, A. FELX ¹, M. PIAT ², S. CÔTÉ ², S. CADORETTE ³, S. CHAMPAGNE ³, M. CORBIÈRE ⁴¹ Centre de Recherche Fernand-Seguin, Hôpital Louis-H. Lafontaine, Montréal, CANADA, ² Institut Universitaire de Santé Mentale Douglas, Montréal, CANADA, ³ Direction des Services d'Intégration Sociale, Hôpital Louis-H. Lafontaine, Montréal, CANADA, ⁴ Campus Longueuil, Université de Sherbrooke, Longueuil, CANADA**41550****THERAPEUTIC RESIDENTIAL SERVICE WORKERS: PLAYING AN IMPORTANT ROLE IN REBUILDING LIFE OUTSIDE THE LIMITS OF ASYLUM**M. ANTONACCI ¹, L. KANTORSKI ², T. SAEKI ¹, J. CORTES ¹, J. WILLRICH ², C. RODRIGUES ², V. COIMBRA ², J.L. SILVA ², C. ARGILES ²¹ Universidade de São Paulo - Escola de Enfermagem de Ribeirão Preto, Ribeirão Preto, BRAZIL, ² Universidade Federal de Pelotas - Faculdade de Enfermagem, Pelotas, BRAZIL**39352****KENTWOOD PLACE**

N. EHLERS, J.A. NICHOLS, T. ZIBIN

Addiction & Mental Health, Alberta Health Services., Ponoka, CANADA

43168**ALTERNATIVES AND POSSIBILITIES IN THE CONTEXT OF DEINSTITUTIONALIZATION: A STUDY ON THE IMPLANTATION OF THERAPEUTIC RESIDENCE FOR YOUNG ADULTS WITH PSYCHIC DISTURBANCES**

R. M. SEABRA SADE

Universidade Estadual Paulista (UNESP), Marília -São Paulo, BRAZIL

42907**ONE SIZE FITS NONE: THE DIVERSITY OF COMMUNITY RESIDENTIAL FACILITIES FOR ADULTS WITH SEVERE MENTAL ILLNESS IN QUEBEC**A. FELX ¹, K. TOUDGHI ², M. PORTARIA ³, M. CORBIÈRE ⁴, A. LESAGE ^{1,3}¹ University of Montreal, Department of Psychiatry, Montreal, CANADA, ² Hospital Louis-H. Lafontaine, Direction du Soutien à l'intégration sociale, Montreal, CANADA, ³ Hospital Louis-H. Lafontaine, Fernand-Seguin Research Centre, Montreal, CANADA, ⁴ University of Sherbrooke, CAPRIT, Longueuil, CANADA

18.15 - 19.00

SPEAKERS' CORNER**TOPIC 4 - CORPO E MEDICINA COMPLEMENTARE (IT)**

CHAIR: D. USSORIO, ITALY

42537**PSICOMOTRICITÀ E BUONE PRATICHE: VISSUTO CORPOREO E FORMAZIONE DELLO PSICOMOTRICISTA**L. BARBIERI ¹, M. PESERICO ²¹ Centro di Psicomotricità, Lodi, ITALY, ² Fondazione IRCCS Policlinico, Dipartimento di Salute Mentale, Milan, ITALY

43046

MEDICINA COMPLEMENTARE IN PSICHIATRIA. UNO STUDIO NATURALISTICO SU VENTI CASI ESAMINATI IN UN'OTTICA ANTROPOANALITICA SVOLTO PRESSO L'UNITA' OPERATIVA DI PSICHIATRIA 42 (AO G. SALVINI) E L'UNITA' OPERATIVA DI PSICHIATRIA 46 (AO NIGUARDA)

M. BALZOLA, C. SAVINO

A.O. G. Salvini di Garbagnate, Garbagnate, ITALY

42962

STRATEGIE PER IL RIPRISTINO DEL CORPO IN SALUTE MENTALE

A. VILANOVA¹, N. MUNOZ²

¹ Instituto de Psiquiatria, IPUB/Universidade Federal de Rio de Janeiro, Rio de Janeiro, BRAZIL, ² Departamento de Psicologia, PURO/Universidade Federal Fluminense, Rio das Ostras, BRAZIL

18.15 - 19.30

RED HALL

Thematic Session 5/9

PRATICHE RIABILITATIVE: ESPERIENZE A CONFRONTO (IT)

CHAIR: M. D'ALEMA, ITALY

42984

IL QUI È ORA!!! GRUPPO PSICOEDUCAZIONALE NEL SERVIZIO PSICHIATRICO DI DIAGNOSI E CURA (SPDC) PRESSO L'AZIENDA OSPEDALIERA UNIVERSITARIA SAN LUIGI GONZAGA, ORBASSANO, TORINO

C. REGGIANI, F. SCAVELLI, R.L. PICCI, P.M. FURLAN, C. RICCARDO

University of Turin, Faculty of Medicine San Luigi Gonzaga, AOU San Luigi Gonzaga, ASL TO3, Orbassano, Torino, ITALY

42599

LA LUCE DENTRO... NON HO LA PATENTE, NON HO LA MACCHINA, NON SAPEVO DOVE ANDARE

N. BARUFFI

Dipartimento Salute Mentale, Cesena, ITALY

42589

BUONE PRATICHE D'INTEGRAZIONE INTRAPSICHICA E SOCIALE IN RIABILITAZIONE ATTRAVERSO IL TEATRO

C. VICINI, P. VALDETARRA

Dipartimento Salute Mentale, A.O. Provincia di Pavia, Voghera, ITALY

43091

LA PRESA IN CARICO INFERMIERISTICA TERRITORIALE PER PAZIENTI PSICHIATRICI

D. ALTARIVA

Dipartimento di Salute Mentale, Modena, Italy

42163

BIODANZA COME ESPERIENZA RIABILITATIVA IN UN CSM, ASL 3 GENOVESE

M. DE CESARE¹, S. BATTISTIN², C. OLIVIERI³, M. MUR³

¹ Scuola Modello di Biodanza Rolando Toro, Milano, ITALY, ² A.S.L. 3 GENOVESE C.S.M., Genova, ITALY, ³ Scuola di Biodanza di Genova, ITALY

BLUE HALL

Thematic Session 5/5

MENTAL HEALTH CONSUMERS AS PROVIDERS (EN)

CHAIR: M. NETTLE, UNITED KINGDOM

43003

EXPERTS BY EXPERIENCE IN MENTAL HEALTH. HOW PEERS IMPROVE SERVICES

J. UTSCHAKOWSKI

E.O.K.U.S. / Initiative for social rehabilitation, Bremen, GERMANY



40548

NEW COLLEAGUES. HOW USERS EXPERIENCES CAN BE TRANSFORMED INTO USEFUL PRACTICE

A. PEDERSEN

Municipality of Bergen, Department of Social Affairs, Housing and Local Development, Bergen, NORWAY

42403

CONSUMIDORES DE SERVICIOS DE SALUD MENTAL COMO PROVEEDORES: ESTUDIO COMPARATIVO DEL IMPACTO DE LA INTERVENCIÓN “MANEJO DE LA ENFERMEDAD Y LA RECUPERACIÓN, (PRACTICA BASADA EN EVIDENCIAS), CONDUCTIDA POR CONSUMIDORES O POR PROFESIONALES DE SALUD MENTAL

P. GARBER EPSTEIN, D. ROE, I.Y. ZISMAN

Department of Community Mental Health, Faculty of Social Welfare & Health Sciences, University of Haifa, ISRAEL

37701

CHOICES: CONSUMERS HELPING OTHERS IMPROVE THEIR CONDITION BY ENDING SMOKINGP. DOOLEY BUDSOCK¹, J. WILLIAMS²¹UMDNJ-Robert Wood Johnson Medical School, New Brunswick, USA, ²CHOICES-Consumers Helping Others Improve their Condition by Ending Smoking, New Brunswick, USA

40981

RECOVERY PROCESSES OF PEER PROVIDERS: POTENTIALS AND CHALLENGES FOR PERSONAL AND SYSTEM INTEGRATIONG. MORAN¹, C. GAGNE²¹University of Haifa, Dept of Community Mental Health, Haifa, ISRAEL, ²Boston University, Center for psychiatric rehabilitation, Boston, USA

18.15 - 19.30

YELLOW HALL 1**Thematic Session 5/2****DESAFÍOS EN SALUD MENTAL COMUNITARIA (ESP)**

CHAIR: J. MANNU, ITALY

41792

CASA VERDE PROYECTO DE PREVENCIÓN, APOYO Y SEGUIMIENTO PARA HIJOS DE PERSONAS CON ENFERMEDAD MENTAL

R. DEL AMO GOMEZ

Fundacion Manantial, Madrid, SPAIN

38395

ITINERARIOS TERAPÉUTICOS EN SALUD MENTAL: ESTUDIO EXPLORATORIO EN SUJETOS CON PADECIMIENTOS PSÍQUICOS SEVEROS EN LA QUEBRADA DE HUMAHUACA

C. LORENZINI, S. LORENZINI

Hospital Maimara, ARGENTINA

42860

DESAFÍOS PARA LA CONSOLIDACIÓN DE LA POLÍTICA DE SALUD MENTAL EN BRAZIL: ESTUDIO REGIONAL

E. ESPERIDIÃO, N. SANTOS SILVA, A.C. GONÇALVES CAVALCANTE, A. SILVA E SOUZA, K.K. CARVALHO SILVA

School of Nursing of the Federal University of Goiás, Goiânia, BRAZIL

38947

CENTROS DE SALUD COMUNITARIOS (ALTERNATIVAS A LA INSTITUCIONALIZACIÓN)

G. NEGRI

Hospital Neuropsiquiátrico Dr. A. Korn, La Plata, ARGENTINA

41150

NUEVA LEY DE SALUD MENTAL EN ARGENTINA: OBSTÁCULOS, OPORTUNIDADES Y DESAFÍOS PARA LA EXTERNACIÓN DE USUARIOS DE HOSPITALES MONOVALENTES EN LA CIUDAD AUTÓNOMA DE BUENOS AIRES (CABA)

A. TISERA, G. ZALDUA, M. LENTA, A. PEKAREK, J. LOHIGORRY

Universidad de Buenos Aires, Ciudad de Buenos Aires, ARGENTINA

YELLOW HALL 2**Thematic Session 5/8
FAMILY MATTERS (EN)**

CHAIR: A. ROSEN, AUSTRALIA

42856**THE RELATIONSHIP BETWEEN THE PARENTING STYLE AND ADDICTION SUSCEPTIBILITY OF CHILDREN**V.K. PUSHPA¹, G. HAKIMZADEH²¹ English Department, Humanities and Social Sciences. Islamic Azad University, Ahwaz Branch, Ahwaz, IRAN,² District Health Office, Ahwaz, IRAN**42828****THE CORRELATION BETWEEN FAMILY RESILIENCE AND OPTIMISM AMONG COLLEGE STUDENTS FROM FAMILIES LIVING IN POVERTY**

SRI R. RETNO PUDJIATI, MITA ASWANTI TJAKRAWIRALAKSANA, AMATUL FIRDAUSA NASA

University of Indonesia, Depok, INDONESIA

41755**IMPROVING OUTCOMES BY DISCUSSING THE CIRCLE OF SECURITY HANDOUTS WITH MOTHERS WITH A MENTAL ILLNESS, WITH A DEPENDANT CHILD IN THEIR CARE**

J. FORD, P. RUTLEDGE

Sydney, AUSTRALIA

41551**THE LIVED EXPERIENCES OF IMMIGRANT WOMEN MARRIED TO MEN WITH SCHIZOPHRENIA IN KOREA**WAN SOON CHAE¹, E.R. HARDIMAN²¹ Chonbuk National University, Jeonju, SOUTH KOREA, ² University at Albany, School of Social Welfare, Albany, USA**43372****CARING FOR THE CAREGIVERS: MENTAL HEALTH, FAMILY BURDEN AND QUALITY OF LIFE OF CAREGIVERS OF PATIENTS WITH MENTAL ILLNESS**I.I. HAIDER¹, A. JAVED²¹ Department of Psychiatry & Behavioural Sciences, Fatima Memorial Hospital, Shadman, Lahore, Pakistan,² University of Warwick, Nuneaton, UNITED KINGDOM**YELLOW HALL 3****Thematic Session 5/6****MENTAL HEALTH SERVICES RESEARCH (EN)**

CHAIR: A. PARABIAGHI, ITALY

41955**PATTERNS OF SOCIAL INCLUSION: THE EXPERIENCE OF CASA DELLA CARITÀ, MILANO**

M. RAVAZZINI, S. LANDRA, F. DE MOLLI, L. ARDUINI

Centro Studi per la Sofferenza Urbana (SOUQ) - Casa della Carità, Milan, ITALY

42619**CREATING A SHARED RESEARCH AGENDA FOR THE TREATMENT OF PATIENTS WITH BIPOLAR DISORDER**B. REGEER¹, E. REGEER², J.F.G. BUNDERS¹¹ Athena Institute, VU University Amsterdam, THE NETHERLANDS, ² Altrecht Bipolair, Utrecht, THE NETHERLANDS**42731****REVIEW OF COMMUNITY PSYCHIATRIC NURSING PROGRAMME: VIEWS OF CONSULTANT PSYCHIATRISTS AND SUPERVISING MATRONS**C. ABEYWICKREMA¹, B.J. MENDIS²¹ National Institute of Mental Health, Colombo, SRI LANKA, ² National Institute of Mental Health, Colombo, SRI LANKA



42063

BEHAVIORAL CHANGE OF DRUG USERS/ABUSERS IN JAKARTA: A QUALITATIVE LONGITUDINAL STUDY
E. SUCI ¹, L. TAMPUBOLON ², L. WAHJANA ³
¹ Atma Jaya Catholic University, Department of Psychology, Jakarta, INDONESIA, ² Atma Jaya Catholic University, Department of Business Administration and Communication, Jakarta, INDONESIA, ³ Atma Jaya Catholic University, Department of Law, Jakarta, INDONESIA

41820

BRIDGING GAPS BETWEEN PRACTICE AND GUIDELINES IN NORWEGIAN NATIONAL GUIDELINES FOR ASSESSMENT AND REHABILITATION FOR INDIVIDUALS WHO HAVE SUD AND MENTAL USE DISORDERS
A. LANDHEIM ¹, R. EVJEN ²
¹ Innland Hospital Trust, Department of Psychiatry, National Center for Dual Diagnosis, Hamar, NORWAY, ² Oslo University Hospital, Department of Psychiatry and Dependence, Oslo, NORWAY

18.15 - 19.30

WHITE HALL 1
WAPR GENERAL ASSEMBLY (Members only)
WHITE HALL 2
Thematic Session 5/1
MODELOS DE INTERVENCIÓN EN REHABILITACIÓN (ESP)

CHAIR: R. ARAYA, UNITED KINGDOM

42400

BANCO PEDAGÓGICO: UNA ESTRATEGIA PARA LA REHABILITACIÓN EN EL SERVICIO RESIDENCIAL TERAPÉUTICO EN EL SUR DE BRASIL
J. MORAES CORTES ¹, L. PRADO KNATORSKI ², S. BARROS ¹, M. HOHMANN ANTONACCI ¹, R.M. DIAS DE ABREU GONÇALVES ¹, J. CARVALHO DE SANTOS ¹, A.L. MONTEIRO DE BARROS ¹
¹ Universidade de São Paulo, São Paulo, BRAZIL, ² Universidade Federal de Pelotas, Pelotas, BRAZIL

41626

LUGARES COMUNES DEL LENGUAJE EN REHABILITACIÓN Y SUS IMPLICACIONES EN LA COMUNICACIÓN

R. GOMEZ

Fundacion Manantial, Madrid, SPAIN

42325

INTERVENIR DESDE LA EXPERIENCIA

S. TOLEDANO, O. FINOL

Fundación Manantial, Madrid, SPAIN

40788

¿EL MODELO DE COMUNIDAD TERAPÉUTICA DEMOCRÁTICA DE ORIENTACIÓN GRUPOANALÍTICA ES EFICAZ COMO TRATAMIENTO DEL TRASTORNO BORDERLINE DE LA PERSONALIDAD?

C. MARUOTTOLO SARDELLA, A. MASCARÓ LANDOLFI

Avances Médicos S.A., Bilbao, SPAIN

43027

SALUD MENTAL Y ATENCIÓN PRIMARIA: ALGUNAS REFLEXIONES SOBRE LAS PRÁCTICAS PSICOSOCIALES COLECTIVAS

S. FERREIRA MARTINS

UNESP, Botucatu, BRAZIL

GREEN HALL**Thematic Session 5/3****VALUTAZIONE DEGLI INTERVENTI: PROGETTI E RISULTATI (IT)**

CHAIR: U. MAZZA, ITALY

42577**INSERIMENTO ETEROFAMILIARE SUPPORTATO DI ADULTI CHE SOFFRONO DI DISTURBI PSICHICI (IESA)**S. CONTI¹, C. CONTI², I. DONEGANI¹, A. FIORITTI¹, V. ZULLI¹, S. GRANDI²¹ Dipartimento Salute Mentale Dipendenze Patologiche, Azienda USL di Bologna, ITALY, ² Dipartimento di Psicologia, Università degli Studi di Bologna, ITALY**42431****EFFICACIA NELLA PRATICA DI SERVIZI GESTITI DA UTENTI: LA FELICITÀ COME OBIETTIVO**

A. MASTROENI, C. CETTI, I. CARDANI, G. FORMENTI, O. KAUFFMANN

Azienda Ospedaliera Sant'Anna, Dipartimento Salute Mentale, Como, ITALY

42574**PERCORSI TERAPEUTICO-RIABILITATIVI NEI CENTRI DI SALUTE MENTALE: EQUITÀ DI TRATTAMENTO PER ITALIANI E STRANIERI?**A. PIAZZA¹, R. MAISTO¹, I. TARRICONE², P. RUCCI³, V. SPIGONARDO⁴, M. NOLET¹, R. ORSONI¹, C. TENUZZO¹, I. DONEGANI¹, A. FIORITTI¹¹ Dipartimento Salute Mentale-Dipendenze Patologiche, Azienda USL Bologna, ITALY, ² Istituto di Psichiatria Università degli Studi di Bologna, ITALY, ³ Dipartimento di Medicina e Sanità Pubblica, Università degli Studi di Bologna, ITALY, ⁴ Centro di Consultazione Culturale, Bologna, ITALY**42026****LA VALUTAZIONE DEGLI INTERVENTI OFFERTI DAI DIPARTIMENTI DI SALUTE MENTALE PIEMONTESE DA PARTE DEGLI UTENTI**

P. STOGNONE, C. SELLA, A. AGNOLA, E. BRAZZANI, G. CARESTIA, A. GRILLI

Collettivo utenti, Piemonte, ITALY

42524**L'INTERVENTO RIABILITATIVO GRUPPALE: PIANO DI RICERCA LONGITUDINALE IN UN CENTRO PSICOSOCIALE DI MILANO**M. PESERICO¹, F. COLACURCIO¹, P. BELLATTI¹, A. GALEAZZI², B. FERRARI²¹ Fondazione IRCCS Policlinico, Dipartimento di Salute Mentale, Milan, ITALY, ² La Tela Onlus, Milan, ITALY

8.00 - 8.45

RED HALL**Meet-the-Expert 42607****PARLER EN INTERCULTUREL**

F. FLEURY

Appartenances, Lausanne, SWITZERLAND

BLUE HALL**Meet-the-Expert 41010****PARENTAL MENTAL ILLNESS**

D. MAYBERY

Monash University, Moe, AUSTRALIA

YELLOW HALL 1**Meet-the-Expert 42047****EDUCATION OF PSYCHIATRIC REHABILITATION PRACTITIONERS: A SYSTEMATIC REVIEW OF THE EVIDENCE**

K. GILL

University of Medicine and Dentistry of New Jersey, Scotch Plains, USA

WHITE HALL 2**Thematic Session 3/1****CUIDADO DE LA SALUD MENTAL Y ATENCIÓN PRIMARIA: REFLEXIONES DESDE EL BRASIL (EN)**

CHAIR: B. SARACENO, SWITZERLAND

43471**MAPEO DE LA MENTAL DISTRESS: EQUIPAMIENTO DE LA ESTRATEGIA DE SALUD FAMILIAR**

O. GRADELLA JUNIOR

UNESP - Departamento de Psicologia, Bauru, BRAZIL

43472**CARACTERÍSTICAS DE LA ATENCIÓN PRIMARY EN EL SISTEMA DE SALUD DE BRASIL Y PODER EN EL CUIDADO DE LA SALUD MENTAL**

M.D. DO AMARAL DIAS

UNESP - Departamento de Neurologia e Psiquiatria, Botucatu, BRAZIL

43473**SALUD MENTAL Y EL TRABAJO SOBRE LA PERSPECTIVA PSICOSOCIAL: EL DE LOS TRABAJADORES DE SUFRIMIENTO PSICOLÓGICO PRIMARY ATENCIÓN DE SALUD**

S.T. FERREIRA MARTINS

UNESP - Departamento de Saude Publica, BOTUCATU, Brazil

8.00 - 9.15

YELLOW HALL 2**Thematic Session 5/7****HOUSING (EN)**

CHAIR: A. MASTROENI, ITALY

42741**COMMUNITY HOUSING PROJECT IN A LARGE LONG STAY UNIT IN SRI LANKA**

J. MENDIS, P. RANASINGH, D. DAMAYANTHI, P. WIJEYEGUNARATHNE, P. PERERA

National Institute of Mental Health, Colombo, SRI LANKA

40640**OUTCOMES OF THE FIRST SUPPORTED HOUSING PROGRAM IN IRAN FOR CLIENTS WITH SEVERE MENTAL ILLNESS**

H. TAHERKHANI, F. HOSSEINI NAEINI

Tolou Rehabilitation Center, Tehran, IRAN



38823

TURNING THE KEY - ASSESSING HOUSING AND RELATED SUPPORTS FOR PERSONS LIVING WITH MENTAL HEALTH PROBLEMS AND ILLNESSES. FUNDED BY THE MENTAL HEALTH COMMISSION OF CANADA (MHCC)

V. HUEHN

Queen's University, Department of Psychiatry, Kingston, Ontario, CANADA

41856

HOW MIGHT DIFFERENT TYPES OF HOUSING SUPPORT AND MAINTAIN RECOVERY? FINDINGS FROM THE SECOND AUSTRALIAN NATIONAL SURVEY OF PSYCHOSIS (2010)

C. HARVEY¹, E. KILLACKEY^{2,3}, A. GROVES⁴, H. HERRMAN^{2,3}¹ Department of Psychiatry, The University of Melbourne, AUSTRALIA, ² The Centre for Youth Mental Health, The University of Melbourne, AUSTRALIA, ³ Orygen Research Centre, Melbourne, AUSTRALIA,⁴ Queensland Health, Herston, AUSTRALIA

38028

PROJECT FROM A SUSTAINABLE HOUSING MODEL

J. VEGUÉ GRILLÓ

Centre Psicoteràpia Barcelona SSM, Direcció Mèdica, Barcelona, SPAIN

YELLOW HALL 3

Thematic Session 5/4

WORK STRESS AND COPING STRATEGIES (EN)

CHAIR: Z. TAINTOR, USA

34771

COMPARING HARDINESS PERSONALITY TRAITS IN FEMALE DISABLED ATHLETES, DISABLED NON-ATHLETES AND HEALTHY ATHLETES

M. SARSHAR¹, S. REZAAE FARAH ABADI²¹ Azad University, Science and Research Branch of Isfahan, Isfahan, IRAN, ² Azad University, Science and Research Branch of Ahwaz, Ahwaz, IRAN

42950

THE EFFECT OF SELF-EFFICACY ON STRESS, WORK AND HEALTH

S. SUD

St. Bede's College, Himachal Pradesh University, Department of Psychology, Shimla, INDIA

42670

BURNOUT, COMPASSION FATIGUE, AND COMPASSION SATISFACTION AMONG STAFF IN COMMUNITY-BASED MENTAL HEALTH SERVICES

G. CETRANO¹, A. ROSSI¹, R. PERTILE¹, L. RABBI¹, V. DONISI¹, L. GRIGOLETTI¹, C. CURTOLO², M. TANSELLA¹, G. THORNICROFT³, F. AMADDEO¹¹ University of Verona - Department of Public Health and Community Medicine - Section of Psychiatry, Verona, ITALY,² University of Macerata - Istituto di Medicina Legale e delle Assicurazioni, Macerata, ITALY, ³ King's College London - Institute of Psychiatry - Health Service and Population Research Department, London, UNITED KINGDOM

42290

PREVENTION OF MENTAL AND EMOTIONAL HEALTH IN WORK ENVIRONMENTS

M. SADRE CHIRAZI-STARK¹, S. HOECHST²¹ Department of Psychiatry and Psychotherapy, Asklepios Westklinikum, Hamburg, GERMANY, ² L&B Development, Nuernberg, GERMANY

39233

PSYCHOLOGICAL COPING STRATEGIES AND MENTAL HEALTH: A SURVEY IN RAZI UNIVERSITY. KERMANSHAH, IRAN

H. TAHMASEBIAN¹, F. SAHBAEI², A. HOSEINI SYED³, S. CHAQAZARDI⁴, B. SAEIDIPOUR⁴¹ Islamic Azad University, Kermanshah, IRAN, ² Islamic Azad University, Tehran Medical Branch, Tehran, IRAN,³ Behzisti Organization, Kermanshah, IRAN, ⁴ Kermanshah, Kermanshah, IRAN

8.00 - 9.15

WHITE HALL 1**Thematic Session 5/10****PSYCHOSOCIAL REHABILITATION: FRAMEWORKS AND INTERVENTIONS (EN)**

CHAIR: M. MADIANOS, GREECE

41568**THE BIOPSYCHOSOCIOSPIRITUAL MODEL IN PSYCHIATRY**

E. FRECSKA

University of Debrecen - Department of Psychiatry, Debrecen, HUNGARY

41514**SPIRITUALITY IN REHABILITATION**

I. KOSZA, P.T. BÍRÓ

WAPR Hungarian Branch, Pomáz, HUNGARY

40628**THE USE OF SMART TECHNOLOGY FOR PSYCHIATRIC INPATIENTS: A PILOT STUDY**

A. RUDNICK, L. PALLAVESHI

University of Western Ontario, Department of Psychiatry, London, CANADA

41714**DRAMA AND REHABILITATION IN AN INTEGRATED SETTING**S. PITRUZZELLA ⁴, A. FRANCOMANO ¹, M. DI FIORE ³, C. DI FRESCO ³, V. DI GIORGIO ¹, G. DI CACCAMO ¹, S. GAMBINO ¹, R. MORTILLARO ¹, A. RIZZA ², D. LA BARBERA ¹¹ Dipartimento di Biomedicina Sperimentale e Neuroscienze Cliniche, Sez. Psichiatria. Università degli Studi diPalermo, ITALY, ² Cta 2A e 2B del MDSM - 2 ASP 6, Palermo, ITALY, ³ Centro diurno La Zebra ASP 6, Palermo, ITALY,⁴ Centro Artiterapie, Lecco, ITALY**42910****NON CONVENTIONAL PSYCHIATRIC REHABILITATION IN SCHIZOPHRENIA: ROLE AND POSSIBILITIES OF THERAPEUTIC RIDING**EA. CIRULLI ¹, S. CERINO ², S. SERIPA ³, F. BISACCO ⁴, P.M. FURLAN ⁵, R.L. PICCI ⁵, R.M. GIARETTO ⁴, F. TRIVELLI ⁴¹ Department of Cellular Biology and Neuroscience -Istituto Superiore di Sanità, Rome, ITALY, ² Department ofTherapeutic Riding - Federazione Italiana Sport Equestre, Rome, ITALY, ³ Mental Health Departments -ASL Roma F-,Rome, ITALY, ⁴ University of Turin -San Luigi Gonzaga Medical School, Turin, ITALY, ⁵ University of Turin -Dept of

Clinical and Biological Science -San Luigi Gonzaga Medical School-, Turin, ITALY

8.45 - 9.30

GREEN HALL**Thematic Session 3/9****STIGMA: INDAGINI E INTERVENTI (IT)**

CHAIR: L. FERRANNINI, ITALY

40930**TUTTI SULLA STESSA BARCA: AZIONI PER L'INCLUSIONE SOCIALE ED IL SUPERAMENTO DELLO STIGMA. COLLABORAZIONE FRA DISTRETTO, COMUNE DI CESENATICO, MUSEO DELLA MARINERIA E CSM DI CESENA**R. BOSIO ¹, A. BRUNELLI ²¹ CSM Cesena AUSL Cesena Dipartimento di Salute Mentale, Cesena, ITALY, ² Distretto Sanitario del Rubicone AUSL

Cesena, ITALY

42213**IL CONTRASTO ALLO STIGMA E AL PREGIUDIZIO: UN INTERVENTO DI SENSIBILIZZAZIONE SULLA SALUTE MENTALE NELLE SCUOLE MEDIE SUPERIORI**A. DE BARI ¹, E. MARELLI ¹, M. CARDINI ¹, A. BREGANTIN ¹, A. ORNAGHI ², S. RONZITTI ², T. IBATICI ¹, F. SPREAFICO ¹¹ Azienda Ospedaliera San Gerardo, Monza, ITALIA, ² Università Milano Bicocca, Monza, ITALIA



42419

LAVORARE NELLE SCUOLE PER LA SALUTE MENTALE

E. GHINAGLIA, C. CAPPA

Dipartimento Salute Mentale e Dipendenze Patologiche Ausl PC, Piacenza, ITALY

SPEAKERS' CORNER**TOPIC 5 - STRATEGIE DI INTERVENTI NELLE RESIDENZE (IT)**

CHAIR: A. FELCHER, ITALY

41273

NON È COSA MA È COME: RIABILITAZIONE TRA PENSIERO CLINICO E ATTI PARLANTI

M. BURATTI

Fondazione Lighea Onlus, Milano, ITALY

41601

DA IMPARARE A CIBARSI A IMPARARE A PRODURRE CIBO. ESPERIENZA APPETTITOSA IN RESIDENZA PSICHIATRICA

S. LONGO, C. REHO, M. MACCHIA, P. GRECO

Dipartimento di Salute Mentale, Lecce, ITALY

41036

ABITARE MONDI POSSIBILI, L'ARTE DEL PRENDERSI CURA

L. PINCIAROLI, P. ISAIA, P. SANFILIPPO, N. CIRULLI, F. GIACOMAZZO, C. TERMINI,

E. BORRELLO, R. RUTA, E. URBANI, M. POSO

Centro Diurno Dipartimento di Salute Mentale Basaglia ASL TO2, Torino, ITALY

8.45 - 9.45

WHITE HALL 2**Video Session 2**

CHAIR: M. VALLARINO, ITALY/FRANCE

41498

MUOVITI FERMO

G. SAVUTO

Fondazione Lighea Onlus, Milano, ITALY

42754

UN TETTO SOPRA LA TESTA.....UNO SPAZIO PER LE EMOZIONI

M. LAPENNA, T. DE DONATIS, M.P. FONTANA, S. DE GIORGI

Dipartimento Salute Mentale, ASL Lecce, ITALY

42797

ABITARE CONDIVISO 2011

A. CONTU, M. PICCIAU, B. BARBIERI, G. SANNA

Azienda Sanitaria Locale 8 - Direzione del Dipartimento di Salute Mentale, Cagliari, ITALY

42610

SANTÉ MENTALE; RESSOURCES ET CRÉATIVITÉ DANS UN ESPACE COMMUNAUTAIRE URBAIN

F. FLEURY, A. SINACI, A. SHULER-KADEZANE, LE GROUPE DES 9 PORTES

Activités Communautaires, DP-CHUV, Lausanne, SWITZERLAND

8.45 - 10.15

RED HALL**Symposium 38686****(ENG + IT) A COMMON HUMAN EXPERIENCE: THE INTERNATIONAL HEARING VOICES NETWORK 25 YEARS ON**

CHAIR: M. MACARIO, ITALY

- **The development of the hearing voices network around the world and his impact on the mental health system** (D. CORSTENS, UNITED KINGDOM)
- **The hearing voices network in England** (R. WADDINGHAM, UNITED KINGDOM)
- **The hearing voices network in Italy** (C CONTINI and M. MACARIO, ITALY)
- **A hearing voices group within a public mental health service: Mental Health Department, AO Sacco, Polo Universitario, Milan** (A. SANTONI and G. PIONA, ITALY)

BLUE HALL**Symposium 41276****THEORY AND PRACTICE OF PSYCHOTHERAPY INTEGRATION AND PSYCHOSOCIAL REHABILITATION - ARCHAIC CONTROVERSIES OR NEW MEANING?**

CHAIR: S. STYLIANIDIS, GREECE

SPEAKERS: S. STYLIANIDIS (GREECE), M. HABIB (FRANCE), G. AGNETTI (ITALY), A. BECHDOLF (GERMANY)

8.45 - 11.15

YELLOW HALL 1**Symposium 41845****RESILIENCE OF FAMILIES AND THE TRIALOG BETWEEN MENTAL HEALTH WORKERS, SERVICE USERS AND FAMILY CARERS: CHANCES AND CHALLENGES OF DIFFERENT EXPERIENCES ACROSS EUROPE**

CHAIR: H. HERRMAN, AUSTRALIA

- **Strengthening family resilience - the role of mental health professionals** (M. AMERING, AUSTRIA)
- **The attitude of familiars towards practitioners** (E. MUGGIA, ITALY)
- **Is it possible a family's recovery process too? Experiences of families of Ravenna** (C. SCHIFFRER, ITALY)
OTHER SPEAKERS: S. STEFFEN (BELGIUM), M. FERRAZ (PORTUGAL), P. PINI (BELGIUM), M. NEVES (BELGIUM), E. SANSI (ITALY)

9.15 - 11.15

YELLOW HALL 2**Symposium 42389****EUROPEAN AND US CLUBHOUSES: EMERGING POLICY, ORGANIZATIONAL PROSPECTS, AND RESEARCH INITIATIVES**

CHAIRS: B. BERGAMASCO, F. PERNICE-DUCA (USA)

Panel 1

F. PERNICE-DUCA, E. ONAGA, L. D'ANGELO (USA)

Panel 2

B. BERGAMASCO (USA), E. HANNINEN (DENMARK), F. BAGLIONI (ITALY), P. BARISCIANI (ITALY), G. RUSSO (ITALY)

YELLOW HALL 3**Symposium 42281****SALUTE MENTALE E DETENZIONE: L'ESPERIENZA ITALIANA**

CHAIR: G. DE ISABELLA (ITALY)

DISCUSSANT: U. MAZZA (ITALY)

SPEAKERS: L. FERRANNINI, G. BRANDI, V. COLMEGNA, F. CROCE, F. MAISTO, L. PAGANO, R. GIOVA (ITALY)

WHITE HALL 1**Symposium 41537****WRITING FOR AMERICAN PSYCHIATRIC JOURNALS**

CHAIR: J. TALBOTT, USA

- **Writing a submission** (R. DRAKE, USA)
- **Working with non-Americans** (R. WARNER, USA)
- **What reviewers look for** (D. CUTLER, USA)
- **What editors look for** (H. GOLDMAN)
- **What works and what does not** (J. TALBOTT, USA)

Panel of Italian psychiatrists who are used to writing for US journals, to include A. FIORITTI and M. TANSELLA

9.30 - 10.15

GREEN HALL**Thematic Session 3/6****KEY ISSUES IN EARLY PSYCHOSES (EN)**

CHAIRS: A. MENEGHELLI, ITALY and M. BIRCHWOOD, UNITED KINGDOM

43094**DUP IN FIRST EPISODE PSYCHOSIS : THE SURPRISING TREATMENT DELAY WITHIN MENTAL HEALTH SERVICE IN ACCESSING PROMPT TREATMENT**

C. CONNOR

CLAHRC Birmingham & Solihull Mental Health NHS Trust Research & Development Unit, Birmingham, UNITED KINGDOM

43376**PATHWAYS TO SOCIAL RECOVERY IN AN EARLY INTERVENTION SERVICE**

F. GALVAN, A. PISANO, C. ZANABON

Programma 2000 - Azienda Ospedaliera Ospedale Niguarda Ca' Granda, Milan, ITALY

43375**A COMPARISON BETWEEN A SPECIALIZED EARLY INTERVENTION CENTER (PROGRAMMA 2000) AND STANDARD MENTAL HEALTH SERVICES IN ITALY: RATE OF RESPONSE, REMISSION AND RECOVERY**

M. BENSI, P. FIORI NASTRO

"Sapienza" University of Rome, ITALY

SPEAKERS' CORNER**TOPIC 6 - LEGGE E RIABILITAZIONE / LAW AND REHABILITATION (IT/EN)**

CHAIR: A. FELCHER, ITALY

42935**LA PROTEZIONE GIURIDICA PER LE PERSONE CON DISAGIO PSICHICO O CON PROBLEMI DI GIOCO COMPULSIVO**D. PIGLIA¹, D. MOTTO², S. BOTTALICO¹¹ Associazione Oltre Noi... la Vita, Milano, ITALIA, ² Coordinamento Milanese Salute Mentale, Milano, ITALIA



42823

LEGAL ABORTION. EMOTIONAL ASPECTS OF WOMEN WHO BECAME PREGNANT AS A RESULT OF SEXUAL VIOLENCE

C. MACHADO, A. FERNANDES, M.J. OSIS, M. MAKUCH

State University of Campinas- Department of Obstetrics and Gynecology, Campinas, BRAZIL

9.45 - 11.15

WHITE HALL 2
Symposium 42875
USERS, CARERS AND PROFESSIONALS: A NEW APPROACH IN PLANNING, MANAGING AND EVALUATING MENTAL HEALTH SERVICES

CHAIR: C. CORBASCIO, ITALY

DISCUSSANT: B. D'AVANZO, ITALY

SPEAKERS: C. CORBASCIO (ITALY), S. CANTAMESSA (ITALY), E. ROSSI (ITALY), V. FLAKER (SLOVENIA),

F. MAURIELLO (ITALY), F. PONZIANI (ITALY), L. PISCITELLO (ITALY)

10.15 - 11.15

RED HALL
Symposium 43005
TEACHING MENTAL HEALTH POLICY AND SERVICES DEVELOPMENT AND HEALTH SYSTEMS RESEARCH

CHAIRS: J. CALDAS DE ALMEIDA (PORTUGAL), B. SARACENO (SWITZERLAND)

SPEAKERS: J. CALDAS DE ALMEIDA (PORTUGAL), B. SARACENO (SWITZERLAND), C. LUND (SOUTH AFRICA),

S. PATHARE (INDIA)

BLUE HALL
Symposium 42035
UN PROGRAMMA PER OTTIMIZZARE LE OPPORTUNITÀ RIABILITATIVE NEI PERCORSI DI INTEGRAZIONE LAVORATIVA

CHAIR: C. CAPUTO, ITALY

- **Introduzione della piattaforma organizzativa dei gruppi di formazione al lavoro all'interno del Programma Innovativo Regionale dell'A.O. L. Sacco** (C. CAPUTO, B. SANNA, ITALY)
- **Presentazione del gruppo formativo sovrazonale "CantAla"** (C.P. PISMATARO, ITALY)
- **Presentazione del gruppo formativo sovrazonale "Curriculum Vitae: Laboratorio Teatrale"** (A. BARATTIERI, ITALY)

GREEN HALL
Thematic Session 4/5
PROMOZIONE DEL BENESSERE E DELLA SALUTE FISICA (IT)

CHAIR: A. RIGHI, ITALY

40999

INTERVENTI PSICOEDUCAZIONALI PER LA RIDUZIONE DEL RISCHIO METABOLICO NEI PAZIENTI PSICOTICI: IL PROGETTO BENESSERE ALL'INTERNO DEL PERCORSO RIABILITATIVO IN STRUTTURE RESIDENZIALI E IN OPG
A. GOFFREDI¹, C. GALIMBERTI¹, V. CORSINI¹, M. BOCCA², G. RIVELLINI², C. VIGANÒ¹, G. BA¹¹ Psychiatry, Biomedical and Clinical Science Dept., University of Milan, Milan, ITALY, ² Ospedale Psichiatrico Giudiziale, Castiglione delle Stiviere, AO Poma, Mantova, ITALY

41789

INTERVENTI PSICO-EDUCATIVI INTEGRATI; UN'ESPERIENZA DI RETE TRA POLICLINICO UNIVERSITARIO ED ASP DI PALERMO
A. FRANCOMANO¹, M. DI FIORE², C. DI FRESCO², T. GUARNERI¹, D. LIPARI¹, R. MORTILLARO¹, D. LA BARBERA¹¹ Dipartimento di Biomedicina Sperimentale e Neuroscienze Cliniche, Sez. Psichiatria . Università degli Studi di Palermo, ITALY, ² Centro Diurno La Zebra Modulo DSM² ASP 6, Palermo, ITALY



41580

PROGETTO BENESSERE: UN'EVOLUZIONE

M. PELLIZZER ¹, S. SCARONE ^{1,2}, G. MARRONE ¹, M. BRAMBILLA ¹, B. BORTOLINI ¹, C. GIANGREGORIO ¹, C. RAZZA ¹, G. VALSECCHI ¹, B. ZUCCHETTI ¹

¹ Azienda Ospedaliera San Paolo, Milano, ITALY, ² Università degli Studi di Milano, ITALY

42603

PSICOSI, PATOLOGIA DELLA MAMMELLA E STIGMA

R. MERLI ¹, F. BRANCA ¹, A. CIANCHINI ¹, E. FAVETTINI ²

¹ ASL BI - Struttura Complessa di Psichiatria UM¹, Biella, ITALY, ² ASL BI - Struttura Complessa di Radiologia, Biella, ITALY

SPEAKERS' CORNER**TOPIC 7 - EMPOWERMENT AND PARTNERSHIP (EN)**

CHAIR: A. MAONE, ITALY

41806

RECOVERY MODEL AND ITS IMPLEMENTATION IN PSYCHOSOCIAL REHABILITATION SETTINGS: A GREEK EXPERIENCE

S. STYLIANIDIS ¹, K. MARKOU ², V. STEPHANOPOULOS ³, E. PEPOU ², M. LAVDAS ²

¹ Panteion University, Athens, GREECE, ² Association for Regional Development and Mental Health (EPAPSY), Athens, GREECE, ³ NHS, London, UNITED KINGDOM

42582

IMPROVING PARTNERSHIPS IN REHABILITATION TO PROMOTE THE SOCIAL INCLUSION OF PERSONS WITH AN INTELLECTUAL DISABILITY

I. GÉLINAS ¹, C. TORKIA ¹, M. DESJARDINS ², H. LEFEBVRE ³

¹ McGill University-School of Physical & Occupational Therapy, Montreal, CANADA, ² University of Saskatchewan, Department of Psychology, Saskatoon, CANADA, ³ Université de Montréal, Faculté des Sciences Infirmières, Montréal, CANADA

41012

TO MAKE USER EXPERIENCE VALID FOR SERVICE DEVELOPMENT AND RESEARCH BY WORK OF NATIONAL COMPETENCE CENTER

D. BJØRGEN

National Center for Competence through Experience, Skien, NORWAY

41664

EMPLOYER COUNSELLING. A NEW WAY TO IMPROVE THE EMPLOYMENT OF REHABILITEES

T. MYLLYMAA ¹, K. LATOSTENMAA ¹, S. BOELIUS ¹, N. AAROLA ¹, M. SALLINEN ¹, A. VIRTÄ ²

¹ Satakunta University of Applied Sciences, Faculty of Social Services and Health Care, Pori, FINLAND,

² Attendo, Psychiatric Policlinic, Pori, FINLAND

11.15 - 12.45

RED HALL**Special Symposium 5 (programma ECM)****EARLY DETECTION AND INTERVENTION**

CHAIR: A. MENEGHELLI, ITALY

- **Early intervention: challenges and perspectives** (A. MENEGHELLI, ITALY)
- **Interventions in people at clinical high risk of psychosis. What is the evidence?** (A. BECHDOLF, GERMANY)
- **Key aspects of early psychosis: current status** (M. BIRCHWOOD, UNITED KINGDOM)

11.15 - 12.45

BLUE HALL**Special Symposium 6 (programma ECM)****HUMAN RIGHTS: CHALLENGES RAISED BY THE IMPLEMENTATION OF THE UN CONVENTION**

CHAIR: A. FIORITTI, ITALY

- **Mental health laws, policy and human rights: building a worldwide advocacy network**
(S. PATHARE, INDIA)
- **Convention on rights of people with disability: implications for mental health**
(R. WADDINGHAM, UNITED KINGDOM)
- **Human rights as the basis for treatment and rehabilitation processes** (D. JUODKAITE, LITHUANIA)

12.45 - 13.45

RED HALL**Thematic Session 4/10****RECOVERY MODELS AND EXPERIENCES (EN)**

CHAIR: A. MAONE, ITALY

42760**PERSONAL RECOVERY IN CHRONIC PTSD: A DESCRIPTIVE ANALYSIS OF RELATED FACTORS**I. SCHAAP¹, P. GOOSSENS¹, T. VAN ACHTERBERG²¹ Saxion, Deventer, THE NETHERLANDS, ² Radboud University Nijmegen, THE NETHERLANDS**42870****THE ESTABLISHMENT OF AN INTERNATIONAL COLLABORATION TO SUPPORT THE IMPLEMENTATION OF AN ILLNESS MANAGEMENT AND RECOVERY PROGRAMME FOR CONSUMERS WITH A SEVERE MENTAL ILLNESS IN THE NETHERLANDS**

P. GOOSSENS, M. BRUGMAN

Saxion University of Applied Sciences Expertise - Centre of Health, Social Work & Technology, Deventer, THE NETHERLANDS

42869**THE DIFFERENT PERSPECTIVES FOR THE FORMULA OF RECOVERY FROM SEVERE MENTAL ILLNESS**A. SVETTINI¹, M. FARKAS², M. DA ROLD³, I. BOGGIAN⁴, D. LAMONACA⁴, S. STEFFEN⁵¹ Service for Early Psychiatric Rehabilitation and Recovery Department of Psychiatry of Bolzano, Bolzano, ITALY,² Center for Psychiatric Rehabilitation Boston University, Boston, USA, ³ Bolzano, ITALY, ⁴ Centro Diurno Il Tulipano,Local Sanitary Agency n° 21 (AULSS 21) of Legnago, ITALY, ⁵ European Federation of Associations of Families of People with Mental Illness, Salzburg, AUSTRIA**BLUE HALL****Thematic Session 4/9****TRAINING AND PROFESSIONAL DEVELOPMENT (EN)**

CHAIR: M. VAN OMMEREN, SWITZERLAND

40875**THE INTRODUCTION OF PSYCHIATRIC REHABILITATION AND EVIDENCE BASED PRACTICES IN A DAY PROGRAM AND HOSPITAL IN KARACHI, PAKISTAN**C. PRATT¹, A. KAZMI², R. SMITH³, S. BAIG⁴¹ Dept Psychiatric Rehabilitation UMDNJ, Scotch Plains, USA, ² Karwan-e-Hayat, Karachi, PAKISTAN, ³ Dept. PsychiatricRehabilitation UMDNJ, Scotch Plains, USA, ⁴ Karwan-e-Hayat, Karachi, PAKISTAN**42418****WWW.PSYKISKHELSEARBEID.NO**

FR. LUND, R.K. KARLSEN, A. ALMVIK

Norwegian Resource Centre for Community Mental Health, Trondheim, NORWAY

42075

EVALUATION OF TRAINING PROGRAMME FOR MEDICAL OFFICERS OF MENTAL HEALTH CONDUCTED BY NATIONAL INSTITUTE OF MENTAL HEALTH, SRI LANKA

B.J. MENDIS, S. KOTALAWALA, C.P. ABEYWICKRAMA
National Institute Of Mental Health, Angoda, Sri Lanka

43534

RECOVERY-ORIENTED COMPETENCES: WHAT IS THE RELATIONSHIP BETWEEN EVIDENCE BASED PRACTICE TRAINING AND RECOVERY-ORIENTED TRAINING?

A. MASTROCOLA
Unit of Psychiatric Rehabilitation, Mental Health Department, Ravenna, ITALY

YELLOW HALL 1

Thematic Session 4/8

MENTAL HEALTH POLICIES (EN)

CHAIR: P. UDOMRATN, THAILAND

41693

MODELS OF PSYCHOSOCIAL REHABILITATION: A BRAZIL-ITALY COMPARISON

M. BRANDAO GOULART¹, B. ZANI²
¹ Universidade Federal de Minas Gerais, Belo Horizonte, BRAZIL, ² Alma Mater Studiorum Università di Bologna, ITALY

41178

THE MEHENET PROJECT FOR COMMUNITY MENTAL HEALTH IN EGYPT

E. MATERIA¹, E. SOROUR², S.A. NELSON³, E. FORCELLA¹, A. GADDINI¹, M. GENCHI⁴, M. SERRANO⁵, K. SAEED⁶
¹ Laziosanità-Agenzia di Sanità Pubblica, Rome, ITALY, ² Mental Health Secretariat, Egyptian Ministry of Health and Population, Cairo, EGYPT, ³ Dept of Primary Health Care, Egyptian Ministry of Health and Population, Cairo, EGYPT, ⁴ ARoS Puglia, Bari, ITALY, ⁵ ASL 6, Livorno, ITALY, ⁶ Eastern Mediterranean Regional Office, World Health Organisation, Cairo, EGYPT

42995

AN OVERVIEW OF THE MENTAL HEALTH SECTOR IN BRAZIL

R. COSTA NILSON¹, P.R. FAGUNDES DA SILVA¹, S. NASCIMENTO ALVES DOMINGOS²
¹ Fundação Oswaldo Cruz Escola Nacional de Saúde Pública, Rio de Janeiro, BRAZIL,
² Instituto Franco Basaglia, Rio de Janeiro, BRAZIL

42251

COMMUNITY PSYCHIATRY IN SLOVENIA: INTEGRATION OF PUBLIC HEALTH, PRIMARY HEALTH AND SUICIDE PREVENTION APPROACH

V. SVAB
University Ljubljana Medical Faculty, Ljubljana, SLOVENIA

YELLOW HALL 2

Thematic Session 4/2

INSERIMENTO LAVORATIVO E SOSTEGNO AL LAVORO TRA UTOPIA E PRATICA (IT)

CHAIR: D. MOTTO, ITALY

42958

IL LAVORO È UN UTOPIA POSSIBILE?

E. ALFONSI¹, S. DEFENDI²
¹ Centro Salute Mentale, Ancona, ITALY, ² Cooperativa Sociale Zanzibar, Ancona, ITALY

40644

L'INSERIMENTO LAVORATIVO NEL DSM DI BIELLA COME SISTEMA INTEGRATO DI RISORSE

G. CORONA¹, S. ESPOSITO¹, F. BERGAMASCHI¹, G. TARELLO², B. SERRA³
¹ DSM Asl Bi, Biella, ITALY, ² Anteo Cooperativa Sociale, Biella, ITALY, ³ Cooperativa Sociale Coccinella, Cossato, ITALY



42766

IL MODELLO COGNITIVO APPLICATO ALL'INSERIMENTO LAVORATIVOG. BRUNA¹, E. MONTORFANO²¹ Cooperativa Sociale Stranaidea, Torino, ITALY, ² Cooperativa Sociale Dalla Stessa Parte, Ciriè, ITALY

42579

PORTARE L'INDIVIDUAL PLACEMENT AND SUPPORT NELLA PRATICA DEI SERVIZI: L'OPERAZIONE TIPS EMILIA-ROMAGNAC. CAPPA¹, A. FIORITTI²¹ Dipartimento di Salute Mentale Dipendenze Patologiche, Azienda USL Piacenza, ITALY, ² Dipartimento di Salute Mentale Dipendenze Patologiche, Azienda USL Bologna, ITALY

12.45 - 13.45

YELLOW HALL 3**Thematic Session 4/14****SOCIAL NETWORKS AND SOCIAL CAPITAL (EN)**

CHAIR: P. CAROZZA, ITALY

43109

THE ROLE OF THE SOCIAL NETWORK IN THE SEVERE MENTAL DISORDERS: FROM RISK FACTORS TO OPPORTUNITIES AND EXPERIENCES

E. RE, A. CERRI, M. FONTANA, A. MAGGIONI

Contatto Onlus, Milan, Italy; Niguarda Cà Granda Hospital, Department of Mental Health, Milan, Italy

43496

SOCIAL INFORMAL NETWORKS: STATE OF THE ART. AN OVERVIEW OF EXPERIENCES IN MENTAL HEALTH CARE

M. VALLARINO

Hôpital Albert Chenevier, Créteil, FRANCE

41312

BATTLING STIGMAS: SMALL EXAMPLES OF REGIONAL POLITICS

A. FELCHER, L. BONDANINI, E. MOLTENI

Azienda Ospedaliera G. Salvini, Garbagnate, ITALY

39884

CITIZENSHIP AND MENTAL HEALTH: NEW SOLIDARITIES FOR SOCIAL INTEGRATIONK. HETHERINGTON^{1,2}¹ Université de Montréal, CANADA, ² McGill University, Montreal, CANADA**WHITE HALL 1****Thematic Session 4/15****INTÉGRATION SOCIALE, ENTRAIDE NATURELLE, RÉTABLISSEMENT (FR)**

CHAIR: S. STYLIANIDIS, GREECE

40787

UN MONDE DE LIENS: UNE APPROCHE SPÉCIFIQUE D'ANALYSE ET DE MISE EN ACTION DES LIENS SOCIAUX AXÉE SUR L'ENTRAIDE NATURELLE

L. VACHON

Centre de Santé et de Services Sociaux de Matane, Québec, CANADA

40075

LA NOTION DE RÉTABLISSEMENT

H. WALLOT

Télé-université du Québec, CANADA

39876

LE RÉTABLISSEMENT EN SANTÉ MENTALE: DE LA VISION À L'ACTION

L. VIGNEAULT, P. JACQUES, M. TOURIGNY, F. LAVOIE

Institut Universitaire en santé mentale de Québec, CANADA



40816

LE RÔLE CLÉ DU SUPÉRIEUR IMMÉDIAT DANS LE RETOUR AU TRAVAIL D'EMPLOYÉS AYANT UNE DÉPRESSION

A. NEGRINI ¹, M. CORBIÈRE ², L. ST-ARNAUD ³, M-J. DURAND ², M-F. COUTU ², T. LECOMTE ⁴, C. CHARBONNEAU ⁵, P. LEMIEUX ⁴, M. BEAUDRY ²

¹ Institut de Recherche Robert-Sauvé en Santé et en Sécurité du Travail (IRSST), Montréal, CANADA, ² Centre d'Action en Prévention et Réadaptation de l'Incapacité au Travail (CAPRIT), École de Réadaptation, Université de Sherbrooke, Québec, CANADA, ³ Université Laval, Québec, CANADA, ⁴ Université de Montréal, CANADA, ⁵ Fondation Travail et Santé Mentale, Montréal, CANADA

WITE HALL 2

Thematic Session 3/3

CARCERE E OSPEDALE PSICHIATRICO GIUDIZIARIO (IT)

CHAIR: U. MAZZA, ITALY

42877

PRESA IN CARICO E PROGETTUALITÀ A FAVORE DI PAZIENTI PROVENIENTI DAGLI OPG: IL RUOLO DELLA COOPERAZIONE SOCIALE

M. PAPARELLA ¹, L. GAAFAR ¹, S. GARBELLOTO ², A. RENER ²

¹ Cooperativa Itaca, Trieste, ITALIA, ² Cooperativa 2001 Agenzia Sociale, Trieste, ITALIA

41839

LE DIMENSIONI CRITICHE DEL CURARE E RIABILITARE, PRIMA E DOPO L'OPG

S. DE GIORGI, T. DE DONATIS, M. FONTANA, P. CALÒ

Dipartimento Salute Mentale, Lecce, ITALY

42538

PROGETTO SULLA SOGLIA: UNA BUONA PRASSI NEL TRATTAMENTO DEI DETENUTI CON DISAGIO PSICHICO IN DIMISSIONE DAGLI ISTITUTI PENALI MILANESI

S. SILVESTRO, L. MAURI

A&I Società Cooperativa Sociale Onlus, Milano, ITALY

12.45 - 14.15

GREEN HALL

Thematic Session 6/3

MENTAL HEALTH CARE FOR LOW INCOME POPULATIONS (EN)

CHAIR: K. MUFTI, PAKISTAN

43012

THE KAMILI MODEL

M. MUCHERU

Kamili Organization, Nairobi, KENYA

42641

AN EVALUATION OF PSYCHOSOCIAL REHABILITATION FACILITIES FOR HOMELESS MENTALLY ILL IN INDIA

A. KUNNUMPURATHU ^{1,2}

¹ Rajagiri College of Social Sciences, Kalamasserry, Kochi, INDIA, ² Mariasadanam Psychosocial Rehabilitation Center, Palai, INDIA

43138

MENTAL HEALTH SERVICES: WHAT CAN DEVELOPING COUNTRIES LEARN FROM THE DEVELOPED?

V.K. VARMA

Indiana University School of Medicine, Indianapolis, USA



42737

**PSYCHOSOCIAL REHABILITATION (PSR) IN DEVELOPING COUNTRIES:
SRI LANKAN EXPERIENCE**

J. MENDIS¹, T. MURALI², A. DE ALWIS¹¹ National Institute of Mental Health, Colombo, SRI LANKA, ² MS Ramaiah Medical College, Bangalore, INDIA

39020

MENTAL HEALTH CARE IN LOW INCOME SETTINGS OF CAMARINES SUR, PHILIPPINES

F. DE LOS REYES, J.A. DE LOS REYES, F.V. DE LOS REYES

HELP Learning Center Foundation Inc., Naga City, PHILIPPINES

42436

SUICIDE IN PENAL INSTITUTIONS IN JAMAICA 2001 TO 2010

L. BARNABY¹, J. LEITCH²¹ Open Campus, University of the West Indies, Kingston ⁷, JAMAICA, ² Mona Information Technology Services, University of the West Indies, Mona Campus, Kingston ⁷, JAMAICA

13.00 - 15.00

VISIT POSTER EXHIBITIONS ON LEVEL 1 AND 2

For poster lists, please see Section ABSTRACT BOOK, page 230

13.45 - 15.15

RED HALL

Symposium 42770

INDIVIDUAL PLACEMENT AND SUPPORT (IPS) TO REACH COMPETITIVE EMPLOYMENT BY THE SEVERELY MENTALLY ILL: ACHIEVEMENTS, CHALLENGES AND OPPORTUNITIES IN EUROPE

CHAIR: R.E. DRAKE, USA

SPEAKERS: T. BURNS (UNITED KINGDOM), A. FIORITTI (ITALY), P. HILARION (SPAIN), E. OTTO (THE NETHERLANDS)

BLUE HALL

Symposium 41969

INTEGRATED PSYCHOEDUCATIONAL STRATEGIES, THEIR DISSEMINATION AND CONTAMINATION OF THE REHABILITATION CLINICAL PRACTICE

CHAIR: R. RONCONE, ITALY

- **Putting research into practice: results and experiences with Optimal Treatment Program in field work** (J. HARANGOZÓ, HUNGARY)
- **A flexible Integrated Care Approach by Resource group ACT (RACT): GRADE evidence profile and summary of findings** (L. LUNDIN, SWEDEN)
- **The psychoeducational approach in several and different contexts, from community care to promotion in the school** (F. VELTRO, ITALY)
- **The Optimal Treatment Project flourished as integrated community care in Fukushima, challenged by the 2011 Great East Japan Earthquake and subsequent disasters** (S. KEI, JAPAN)
- **From social to social cognition outcomes: evidences of the integrated psychoeducational community care** (R. RONCONE, ITALY)

YELLOW HALL 1**Symposium 39313****FORGOTTEN CHILDREN: RISK PREVENTION IN CHILDREN OF MENTALLY ILL PEOPLE**

CHAIRS: E. RE (ITALY), T. SOLANTAUS (FINLAND)

- **International overview on the children risk prevention** (T. SOLANTAUS, FINLAND)
- **Forgotten Children: which the problems with the first Italian experience** (F. TASSELLI, ITALY)
- **See You! Family support groups for parents with mental illness and their children (0-12 yrs)** (B.E. SKOGØY, NORWAY)
- **Family intervention in the prevention of the risk in children with mentally ill parents** (G. AGNETTI, ITALY)
- **When psychiatric patients are also parents: consequences of parental mental illness on children and inclusive strategies in a familycentered rehabilitation** (S. BUONI, ITALY)

YELLOW HALL 2**Symposium 41512****REHABILITATION AND RECOVERY IN EASTERN EUROPE**

CHAIRS: I. KOSZA (HUNGARY), M. BORG (NORWAY)

DISCUSSANT: A. JAVED (UNITED KINGDOM)

- **Recovery dream of European patient** (C. MÓRÉ, HUNGARY)
- **Psychosocial rehabilitation in Moldavia** (J. CHICHAI, MOLDAVIA)
- **Psychosocial rehabilitation oriented service system in Estonia** (K. MAE, ESTONIA)
- **The situation and possibilities of psychosocial rehabilitation in Romania** (A. VERESS, ROMANIA)
- **Comparison of rehabilitation in Europe** (M. DERKACS, HUNGARY)
- **Rehabilitation and recovery** (I. KOSZA, HUNGARY)

YELLOW HALL 3**Symposium 39231****SI PUÒ FARE! ESPERIENZE DI COOPERAZIONE SOCIALE IN ITALIA**

CHAIR: A. SVETTINI, ITALY

SPEAKERS: M. MALAVOLTA, L. TEMPIA VALENTA, A. DI MASCIIO, L. BETTOLI, F. PANOZZO, L. BORDIN, A. SVETTINI, G. SOLEI (ITALY)

WHITE HALL 1**Symposium 40335****IMPLICATIONS OF RECOVERY CONCEPT IN MENTAL HEALTH SERVICES DELIVERY**

CHAIR: L. FERRANNINI, ITALY

- **Updates from Spain. Recovery in times of crisis** (R. GUINEA, SPAIN)
- **Orienting a Mental Health Department to recovery and to outcomes assessment. An experience in the field** (P. CAROZZA, ITALY)
- **Recovery pathways and strategies through actions of the Mental Health Department in the context of OCSM** (C. CETTI, ITALY)

WHITE HALL 2

Symposium 43093

SYMPOSIUM CFRP FRANCE: ORGANISATION DES DISPOSITIFS DE RÉHABILITATION

CHAIR: M. HABIB, FRANCE

- **Le secteur français et la réhabilitation: bilan et perspectives** (D. LEGUAY, FRANCE)
- **Le réseau RÉHPSY (Réseau Handicap Psychique) au centre d'une organisation territoriale de la Réhabilitation Psychosociale** (E. GIRAUD, FRANCE)
- **Actions du CFRP au travers des journées de RÉH@B: bilan de l'impact et perspectives** (G. VIDON, FRANCE)
- **Quelles formations pour les acteurs de la réhabilitation psychosociale en France? Bilan d'une décennie d'actions entre enthousiasme et interrogations** (A. COCHET, FRANCE)

14.00 - 14.45

SPEAKERS' CORNER

TOPIC 8 - IMPROVING ACCESS TO CARE (EN)

CHAIR: L. BARNABY, JAMAICA

42694

THE TRAJECTORY OF THE OFFICE IN STREET AS A STRATEGY FOR EXPANDING ACCESS TO HEALTH IN BRAZIL

A. GALLASSI DONATTI ¹, G. BARBOSA BARREIROS ², L. SOUZA LOBO GARCIA ², J. ALVES DE OLIVEIRA ², C.A. BARRETOS ², J. TAVARES DE ASSIS ², A.C. CONCEIÇÃO ², A. ZAIDEN ², M. LANDINI TOTUGUI ², M.V. ALMEIDA DE SOUZA ⁴, R. TYKANORI ³

¹ University of Brasilia and Ministry of Health of Brazil, Brasilia, BRAZIL, ² Ministry of Health of Brazil, Brasilia, BRAZIL,

³ Federal University of Sao Paulo and Ministry of Health from Brazil, Sao Paulo and Brasilia, BRAZIL, ⁴ Federal University of Bahia and Ministry of Health of Brazil, Salvador and Brasilia, BRAZIL

41788

VOLUNTEER NETWORK AND PSYCHOSOCIAL REHABILITATION IN GREECE

S. STYLIANIDIS ¹, N. SOFIANIDOU ², P. CHONDROS ²

¹ Panteion University, Athens, GREECE, ² Association for Regional Development and Mental Health (EPAPSY), Athens, GREECE

42975

SERVICE INNOVATION: SCHIZOPHRENIA OUTREACH IN LARKANO (SOUL). DEMONSTRATION PROJECT IN THE CITY OF LARKANO, SINDH PAKISTAN: OVERVIEW AND PRELIMINARY FINDINGS

B. JUNEJO ¹, S. AFGHAN ²

¹ Chandka Medical College, Shaheed Mohtarma Benazir Bhutto Medical University, Larkano, PAKISTAN, ² Dorothy Pattison Hospital, Dudley and Walsall Mental Health Partnership NHS Trust, Walsall, UNITED KINGDOM

14.15 - 15.15

GREEN HALL

Symposium 42606

CULTURA TEATRALE, SALUTE MENTALE E CITTADINANZA IN SCENA. L'ESPERIENZA DELLA REGIONE EMILIA ROMAGNA. IL TEATRO COME STRUMENTO DI RIABILITAZIONE SOSTENIBILE

CHAIR: R. BOSIO, ITALY

MODERATOR: C. MIGANI, ITALY

- **Progetto Teatro e salute mentale Regione Emilia-Romagna** (M. FERRI, ITALY)
- **Sviluppo del progetto "Teatro e salute mentale": la parola agli operatori dei DSM** (I. DONEGANI, ITALY)
- **Valutazione degli esiti del progetto pluriennale "Teatro e salute mentale" nei dipartimenti di salute mentale della Regione Emilia-Romagna** (C. RAVANI, ITALY)
- **Luci ed Ombre alla ribalta: considerazioni positive e criticità emerse durante lo sviluppo del progetto regionale "Teatro e salute mentale"** (M. MARTINELLI, ITALY)

15.15 - 17.00

RED HALL**Special Symposium 7 (programma ECM)****MENTAL HEALTH CARE IN LOW RESOURCE SETTINGS**

CHAIR: S. STYLIANIDIS, GREECE

- **The 300 Romayanas and the District mental health plan** (A. SARIN, INDIA)
- **Mental Health Care in Belize: thinking outside the Hospital** (C. CAYETANO, BELIZE)
- **Integrating mental health into primary care in low resource settings in Africa and South Asia: early experiences from PRIME and AFFIRM** (C. LUND, SOUTH AFRICA)
- **mhGAP: WHO programme to scale up care in non-specialist health care setting** (M.H. VAN OMMEREN, SWITZERLAND)

BLUE HALL**Special Symposium 8 (programma ECM)****RECOVERY-ORIENTED PRACTICES**

CHAIR: A. MAONE, ITALY

- **Recovery: myths or facts?** (M. CASACCHIA, ITALY)
- **What can a practitioner do to promote recovery? Developing knowledge, attitudes and competencies** (M. FARKAS, USA)
- **Recovery research: new answers, new questions** (M. SLADE, UNITED KINGDOM)
- **Recovery oriented practices or old wine in new bottles?** (W. BOEVINK, THE NETHERLANDS)

17.00 - 18.00

RED HALL**Symposium 42794****SOCIAL NETWORK PERSPECTIVES ON PSYCHOSOCIAL REHABILITATION**

CHAIR: S. BIONG, NORWAY

- **A micro-sociological perspective on social networks: a linguistic approach to preventing overdoses for men who are dependent on opiates** (S. BIONG, NORWAY)
- **Social network guiding professionals in psychiatric treatment and care** (J. PIIPPO, FINLAND)
- **Social networks in practice and research for persons with antisocial and substance use disorders** (B. THYLSTRUP, DENMARK)
- **Open dialogues in network meetings: an integrated psychosocial approach to recovery** (M. HOPFENBECK, NORWAY)

BLUE HALL**Symposium 42666****LA FUNZIONE DEI DSM ITALIANI NEI PERCORSI DI FORMAZIONE E D'INSERIMENTO LAVORATIVO: PROGETTO INSERIMENTO LAVORATIVO (PIL)**

CHAIR: R. BRACCO, ITALY

SPEAKERS: R. BRACCO, P. RIDENTE, E. ALFONSI (ITALY)

YELLOW HALL 1**Symposium 40323****ASSESSING QUALITY AND OUTCOMES IN MENTAL HEALTH REHABILITATION SERVICES**

CHAIR: J.M. CALDAS DE ALMEIDA, PORTUGAL

- **Fourteen years experience of nationally mandated use of routine outcome measures in services for people with mental health problems** (A. ROSEN, AUSTRALIA)
- **Recommended routine outcome measures for mental health rehabilitation services in the UK** (E. HOLLOWAY, UNITED KINGDOM)
- **The quality indicator for rehabilitative care** (H. KILLASPY, UNITED KINGDOM)

YELLOW HALL 2**Symposium 40867****MODELLI ORGANIZZATIVI E DI MANAGEMENT NELLA RIABILITAZIONE PSICOSOCIALE IN ITALIA**

CHAIR: A. VITA, ITALY

SPEAKERS: A. VITA, G. CORRIVETTI, D. LAMONACA, E. VISANI, D. SEMISA (ITALY)

YELLOW HALL 3**Symposium 39187****ICF AND MENTAL HEALTH: PRESENTATION OF A CORE SET FOR SCHIZOPHRENIA**

CHAIR: J. MANNU, ITALY

SPEAKERS: J. MANNU, R. PERINI, P. PAOLOTTI, G. BEDIN (ITALY)

WHITE HALL 1**Thematic Session 4/13****POLITIQUES EN SANTÉ MENTALE CENTRÉES SUR LA CITOYENNETÉ (FR)**

CHAIR: B. JACOB, BELGIUM

43474**FONDEMENTS IDÉOLOGIQUES D'UNE VISION ET D'UNE INTERVENTION CLINIQUE CENTRÉE SUR LA PLEINE CITOYENNETÉ**

D. FORTIN, L. LEGRIS, B. SAULNIER

Hôpital Louis-H. Lafontaine, Institut Universitaire de Santé Mentale affilié à l'Université de Montréal, Québec, CANADA

43475**MODÉLISATION ET ACTUALISATION D'UNE VISION ET D'UNE INTERVENTION CENTRÉE SUR LA PLEINE CITOYENNETÉ: LES PRATIQUES CLINIQUES, ORGANISATIONNELLES ET POLITIQUES**

A. LUYET, D. FORTIN

Hôpital Louis-H. Lafontaine, Institut universitaire de santé mentale affilié à l'Université de Montréal, Québec, CANADA

43476**L'EXPRESSION D'UNE PLEINE CITOYENNETÉ PAR L'INTÉGRATION DE LA CULTURE AU SEIN D'UN INSTITUT EN SANTÉ MENTALE**

D. FORTIN, L. LEGRIS, B. SAULNIER

Hôpital Louis-H. Lafontaine, Institut universitaire de santé mentale affilié à l'Université de Montréal, Québec, CANADA

43016**REMPLACEMENT DE DEMANDES DE MÉDICALISATION DES ENFANTS ET ADOLESCENTS: UNE EXPÉRIENCE BRÉSILIENNE**M. BEATO ¹, T. METZKER ², I. PASSOS ²¹ Puc/Sp, Belo Horizonte, BRAZIL, ² Universidade Federal de Minas Gerais, Belo Horizonte, BRAZIL

17.00 - 18.15

GREEN HALL**Thematic Session 5/12****CONSUMERS INVOLVEMENT IN RESEARCH**

CHAIR: M. CASACCHIA, ITALY

42916**BLACK GOLD - WHAT OCCURS IN A WRITING PROCESS AND WHICH TASKS LEADS TO RECOVERY?**G. UVERUD ¹, K. WOLD ², K. TORBJØRNSEN ³¹ User and Project leader, Kongsberg, NORWAY, ² Author, Holmestrand, NORWAY, ³ Therapist, Oslo, NORWAY**42957****SHARING THE KNOWLEDGE TO IMPROVE THE MENTAL HEALTH: USING COMMUNITY BASED PARTICIPATORY RESEARCH AS A WAY OF MENTAL HEALTH REHABILITATION IN AMBON, INDONESIA**

S. SARAGIH TURNIP

University of Indonesia, Faculty of Psychology, Depok, INDONESIA

**41124****USER LED EVALUATION**

H. WESTERLUND, D. BJØRGEN

Resource Center for Service Experience and Service Development, Trondheim, NORWAY

41331**ANXIETY AND MEDICAL PRODUCTS: CONSUMER PERCEPTIONS OF RESEARCH PRIORITIES AND RELEVANCE**

A. VAN DER HAM, A. MANTICI, J. BROERSE

Athena Institute, VU University Amsterdam, THE NETHERLANDS

42617**REFLECTIONS AND CONSIDERATIONS IN DEVELOPING A USER INVOLVED RESEARCH PROJECT IN COMMUNITY MENTAL HEALTH**L.S. YNNESDAL HAUGEN ^{1,3}, M. BORG ^{2,3}¹ University of Bergen, Department of Psychosocial Science, Social Norms and Human Interaction Research Group, Bergen, NORWAY, ² Buskerud University College, Institute for Research In Mental Health and Substance Abuse, Drammen, NORWAY, ³ MoodNet Research Group, Haukeland University Hospital, Bergen, NORWAY

17.00 - 18.30

WHITE HALL 2**Video Session 3**

CHAIR: E. ROSSI, ITALY

43358**PERSONE ADULTE CON AUTISMO: È POSSIBILE UNA VITA FELICE?**

A. DE MICHELI

University of Pavia, ITALY

43251**INTERVENTI DI PREVENZIONE E SOSTEGNO A GENITORI FRAGILI**

S. LOMBARDI, A. VISCONTI

CTA - Centro di Terapia dell'Adolescenza, Milano, ITALY

40721**NEL TEMPO LIBERO...LA PARANOIA**

M.V. LEONE, I. BENCICH, E. FRE, R. PLACANICO

Anteo Cooperativa Sociale Onlus, Biella, ITALY

42459**DESTINATO ALL'INSUCCESSO**

M. VRANKO, I. JOLIC, N. RADAS, N. BUZINA, D. VIDOVIC, P. BREČIĆ, A. PLAZONIC FABJAN

The University Hospital Vrapce, Zagreb, CROATIA

42038**O BAR BIBITANTÃ: WORK THAT MAKES CHANGES**A. ARANHA E SILVA ¹, A.L. MONTEIRO DE BARROS ², C. BALLAN ², F. NICÁCIO ³, S. BARROS ¹¹ Escola de Enfermagem da Universidade de Sao Paulo (USP), São Paulo, BRAZIL, ² Centro de Atenção Psicossocial III Itaim Bibi, São Paulo, BRAZIL, ³ Curso de Terapia Ocupacional da Universidade de Sao Paulo (USP), São Paulo, BRAZIL,**42444****VIDEO DOCUMENTARIO LAVORO: QUANDO LA DIVERSITÀ È VALORE**

L. D'AGOSTINO, G. FERRI, F. OLLEIA

Istituto per lo Sviluppo della Formazione Professionale dei Lavoratori (ISFOL), Roma, ITALY

18.00 - 18.45

SPEAKERS' CORNER**TOPIC 9 - COMMUNICATION ET ASPECTS CULTURELS / COMMUNICATION AND CULTURAL ASPECTS (FR/EN)**

CHAIR: M. VALLARINO, FRANCE/ITALY

41546**PROMOTION DE LA SANTÉ MENTALE: STRATÉGIES DE COMMUNICATION INNOVATRICES**

C. BAZINET, D. VINET

Association Canadienne pour la Santé Mentale, Filiale de Montréal, CANADA

40634**PSYCHIATRY, MEDIA AND PERSON**S. TAVARES FERREIRA ¹, J. RUSSO ²¹ Instituto Municipal Philippe Pinel, Rio de Janeiro, BRAZIL, ² Universidade do Estado do Rio de Janeiro, BRAZIL**42402****UNDERSTANDING OF CULTURAL DYNAMICS OF ANOTHER CULTURE: CHALLENGES OF EURASIAN PROJECT**

V. SEMKE

Mental Health Research Institute of Russian Academy of Medical Sciences, Tomsk, RUSSIA

18.00 - 19.30

RED HALL**Symposium 41552****GETTING AND KEEPING FUNDING**

CHAIR: Z. TAINTOR, USA

SPEAKERS: R.E. DRAKE (USA), A. BARBATO (ITALY), R. GUINEA (SPAIN), T. MURALI (INDIA),

R. PAVAGADA (NEW ZEALAND), Z. TAINTOR (USA)

BLUE HALL**Symposium 42858****WHAT IF I SHARE MY LEADERSHIP? THE BOSTON GLOBAL LEADERSHIP INSTITUTE: BUILDING PARTNERSHIP ON DIFFERENT EXPERTISES**

CHAIRS: M. FARKAS, USA and A. SVETTINI, ITALY

- **The GLI at the Boston University Center for Psychiatric Rehabilitation** M. FARKAS (USA)
- **International experience: the GLI project in Greece** A. NOMIDOU (GREECE)
- **International experience: the GLI project in Denmark** K. KYED (DENMARK)
- **International experience: the GLI twin projects in Italy** M. DA ROLD, P. NUCERA, A. SVETTINI (ITALY)

YELLOW HALL 1**Thematic Session 6/5****RESEARCH ON RECOVERY (EN)**

CHAIR: R. RONCONE, ITALY

41875**CHOICE OF APPROPRIATE OUTCOME MEASURES FOR RECOVERY AND RISK IN SECURE SERVICES**

P. SEN, S. LINDSEY, E. COOPER

St Andrew's Healthcare, Essex, UNITED KINGDOM

40703**THE SIGNIFICANT PREDICTORS OF RECOVERY AMONG PERSONS WITH PSYCHIATRIC DISORDERS: CAUSAL EXAMINATION OF THE UNITY MODEL**

SONG LI-YU

Graduate Institute of Social Work, National Cheng Chi University, Taipei, TAIWAN



38183

THE INDIVIDUAL RECOVERY OUTCOMES COUNTER (I-ROC): DEVELOPMENT AND BEST PRACTICE OF A TOOL TO MEASURE PERSONAL RECOVERY JOURNEYS

B. MONGER¹, R. ION², N. HENDERSON¹, S. HARDIE², J. CUMMING¹

¹ Penumbra, Edinburgh, UNITED KINGDOM, ² University of Abertay, Nursing & Counselling, School of Social & Health Sciences, Dundee, UNITED KINGDOM

41871

IMPLEMENTATION AND EVALUATION OF THE ILLNESS MANAGEMENT AND RECOVERY PROGRAM FOR SCHIZOPHRENIA

R. FARDIG

Uppsala University - Department of Neuroscience, Psychiatry, Uppsala, SWEDEN

42873

RECOVERY-ORIENTATION IN LONG-TERM MENTAL HEALTH RESIDENTIAL FACILITIES IN PORTUGAL: STUDY DESIGN AND PRELIMINARY RESULTS

M. FERRAZ^{1,2}, J.M. CALDAS DE ALMEIDA¹

¹ Dep. of Mental Health, Faculty of Medical Sciences, Nova University, Lisbon, PORTUGAL, ² National Mental Health Program, Directorate-General of Health, Lisbon, PORTUGAL

YELLOW HALL 2

Thematic Session 6/7

CLINICAL TRIALS, SYSTEMATIC REVIEWS AND EPIDEMIOLOGY (EN)

CHAIR: B. D'AVANZO, ITALY

42584

THE EFFECTIVENESS OF RECOVERY-BASED INTERVENTIONS FOR PEOPLE WITH SERIOUS MENTAL ILLNESS: A SYSTEMATIC REVIEW AND META-ANALYSIS

S. BARBIC, J. BORUFF, D. TRAN

McGill University, Montreal, CANADA

42758

MENTAL HEALTH RECOVERY ON A FARM: A SYSTEMATIC REVIEW OF LITERATURE ON FARM-BASED INTERVENTIONS FOR PEOPLE WITH MENTAL DISORDERS

S.C. IANCU¹, A.W. HOOGENDOORN², M. ZWEEKHORST¹, D.J. VELTMAN², J.E.G. BUNDERS¹, A.J.L.M. VAN BALKOM²

¹ Athena Institute, Department of Innovation in the Health and Life Sciences, Amsterdam, NETHERLANDS,

² Department of psychiatry and EMGO+ Institute for Health and Care Research, VU University Medical Center, GGZ InGeest, Amsterdam, NETHERLANDS

38986

TREC-SAVE: A RANDOMISED TRIAL COMPARING MECHANICAL RESTRAINTS WITH USE OF SECLUSION FOR AGGRESSIVE PATIENTS IN PSYCHIATRIC HOSPITALS. TRIAL REGISTRATION: ISRCTN4945427

G. HUF¹, S.F. COUTINHO¹, A.V. FERREIRA M.², C.E. ADAMS³

¹ Oswaldo Cruz Foundation, Rio de Janeiro, BRAZIL, ² Hospital Philippe Pinel, Rio de Janeiro, BRAZIL, ³ University of Nottingham, UNITED KINGDOM

41798

THREE SHIRES EARLY INTERVENTION DENTAL TRIAL: A PRAGMATIC CLUSTER RANDOMISED CONTROLLED TRIAL - PROGRESS SO FAR

H. JONES¹, C.E. ADAMS², J. SIMPSON¹, A. CLIFTON³, P. CALLAGHAN⁴, P. LIDDLE⁵

¹ CLAHRC-NDL, Division of Psychiatry, Institute of Mental Health, University of Nottingham, UNITED KINGDOM,

² Cochrane Schizophrenia Group, Institute of Mental Health, University of Nottingham, UNITED KINGDOM, ³ School of Health, Community & Education Studies, Northumbria University, Nottingham, UNITED KINGDOM, ⁴ School of Nursing, Midwifery & Physiotherapy, University of Nottingham, UNITED KINGDOM, ⁵ School of Community Health Sciences, University of Nottingham, UNITED KINGDOM



41861

WHAT IS COGNITIVE REMEDIATION THERAPY DOING IN THE BRAIN OF PATIENTS WITH SCHIZOPHRENIA IN TERMS OF NEUROCONNECTIVITY?

R. PENADÉS, N. PUJOL, R. CATALÁN, G. RAMETTI, G. MASANA, M. BERNARDO, C. JUNQUÉ

Department of Psychiatry and Clinical Psychobiology, University of Barcelona, SPAIN

42557

STUDYING GENE AND ENVIRONMENT INTERACTION IN THE DEVELOPMENT OF PSYCHOSIS: IMPLEMENTATION OF THE EU-GEI PROJECT IN BOLOGNA
I. TARRICONE¹, L.R. CHIRI¹, D. BERARDI^{1,2}, I. DONEGANI², A. FIORITTI², M. DI FORTI³, C. MORGAN³,R. MURRAY³¹ Department of Medical and Surgical Sciences, Alma Mater Studiorum - University of Bologna, ITALY, ² Mental Health Department, Local Health Authority Bologna, ITALY, ³ Institute of Psychiatry, King's College London, UNITED KINGDOM

18.00 - 19.30

YELLOW HALL 3
Thematic Session 6/2
AUTO AIUTO E PARTECIPAZIONE DEGLI UTENTI (IT)

CHAIR: M. D'ALEMA, ITALY

40759

AVEVO VENT'ANNI - STORIA DI UN PERCORSO TERAPEUTICO

E. TORRI

AIEMm Onlus, Milano, ITALY

42767

AUTO-AIUTO E PROGETTI GESTITI DAGLI UTENTI: UN'ESPERIENZA DI RICERCA

M. LAPENNA, M.L. MARRA, T. DE DONATIS, M.P. FONTANA, S. DE GIORGI

Dipartimento Salute Mentale ASL, Lecce, ITALY

42648

UNOSPAZIOPER, UN PROGETTO DI INCLUSIONE SOCIALE DI UTENTI NELLE ASSOCIAZIONI DI SARONNO
M. DARÒ¹, B. MONTI², A. ZOCCO³, D. RE³¹ Associazione Volontari Aiuto Malati Psicichi, ITALY, ² CPS Saronno, ITALY, ³ Utente

42452

PROVE DI EMPOWERMENT
M. GOGLIO¹, M. AIROLDI¹, L. COLOMBO², A. FURLAN², I. GIAVARA², L. FIAMMETTA², L. LISI², M. RADICE²¹ Azienda Ospedaliera-Ospedale di Circolo- Busto Arsizio, UOPsichiatria di Saronno, Saronno, ITALY,² Associazione Il Clan/Destino (utenti, operatori, volontari), Saronno, ITALY

39889

ESPERIENZA DI UN MODELLO AUTOGESTITO DI AGGREGAZIONE TERRITORIALE DI UTENTI BIPOLARI

P. CAGNETTA

Gruppo Bipolari Pugliesi (Bi.Pu.), Bari, ITALY

41715

IL RUOLO DEI FACILITATORI NEI PROCESSI DI ASSESSMENT E DI INGRESSO/ACCOGLIENZA IN GRUPPI RIABILITATIVI IN SET CON SCARSITÀ DI RISORSE

A. FRANCOMANO, A. MELI, V. DI GIORGIO, M. LA PLACA, M. DAZZO, M. MESSINA, D. LA BARBERA

Dipartimento di Biomedicina Sperimentale e Neuroscienze Cliniche, Sez. Psichiatria . Università degli Studi di Palermo, ITALY

**WHITE HALL 1****Thematic Session 6/1****MODELLI ORGANIZZATIVI DEI SERVIZI E PROCESSI DI CAMBIAMENTO (IT)**

CHAIR: G. DE ISABELLA, ITALY

43134**UN PROGETTO DI VISITING PER L'ACCREDITAMENTO TRA PARI DELLE COMUNITÀ TERAPEUTICHE E RESIDENZIALI**M. VIGORELLI ^{1,2,3}

¹ Società Italiana di Psicoterapia Psicoanalitica, Milano, ITALY, ² European Federation for Psychoanalytic Psychotherapy in the Public Sector, Milano, ITALY, ³ Mito & Realtà Associazione per le Comunità e Residenzialità Terapeutiche ONLUS, Milano, ITALY

42032**EMPATIA E ORGANIZZAZIONE DEL SISTEMA SANITARIO**

A. TAVERNA

Dipartimento di Salute Mentale ASL TO1, ASL TO, Turin, ITALY

42453**TEMPO DI CRISI: COSA CAMBIA NEI SERVIZI**

C. PISMATARO, S. BERTINI, L. GABURRI, S. MASNATA, L. MINCARELLI, U. MAZZA

NODO Group, Torino, ITALY

40642**L'INNOVAZIONE DEL PROCESSO RIABILITATIVO ATTRAVERSO LA COGESTIONE PUBBLICO-PRIVATO DELLE RISORSE ECONOMICHE, PROFESSIONALI E STRUTTURALI**G. GEDA ¹, G. CORONA ¹, M. MALAVOLTA ²¹ DSM Asl Bi, Biella, ITALY, ² Anteo Cooperativa Sociale, Biella, ITALY**40925****IL CSM 24 ORE CON OSPITALITÀ NOTTURNA MIGLIORA LA QUALITÀ DELL'INTERVENTO E PRODUCE RISPARMIO ECONOMICO. PRESENTAZIONE DEI DATI E COSTI DI ATTIVITÀ DI PRIMI 6 MESI 2012**

R. BOSIO

Community Mental Health Service AUSL Cesena Department of Mental Health, ITALY

42993**LA SFIDA DI DEISTITUZIONALIZZAZIONE E AFFERMAZIONE DI DIRITTI: L'ISTITUZIONALIZZAZIONE PSICHIATRICA NELLO STATO DI SÃO PAULO/BRASIL**S. BARROS ¹, E. NICACIO ², M.A.F. OLIVEIRA ¹, A.L. ARANHA E SILVA ¹, M.E. DELLOSI ³, A.M.F. PITTA ⁴, R. BICHAFF ⁵

¹ Scuola di Infermeristica, Università di San Paolo, BRAZIL, ² Dipartimento di Fisioterapia, Fonoaudiologia e Terapia Occupazionale, Facoltà di Medicina, Università di San Paolo, BRAZIL, ³ Coordinamento degli Ambiti Regionali Sanitari, Assessorato alla Salute di San Paolo, BRAZIL, ⁴ Università Statale di Bahia Salvador, BRAZIL, ⁵ Coordinamento delle Risorse Umane, Assessorato alla Salute di San Paolo, BRAZIL

18.15 - 19.30

GREEN HALL**Thematic Session 5/11****SERVICE MODELS 2 (EN)**

CHAIR: A. MASTROENI, ITALY

42934**PATIENT MANAGEMENT IN AN ITALIAN CENTRE FOR THE ASSESSMENT AND TREATMENT OF PERSONALITY DISORDERS**

E. CAVERZASI, G. DE VIDOVICH, D. BROGLIA, A. RAMATI, N. MORANDOTTI, F. PODAVINI, R. COLOMBO, V. CIAPPOLINO,

F. GAMBIN, M. PINTO, L. REFFOLI, L. GRAFFEO, M. CAPPUCCIATI, A. DE MICHELI, V. ABBIATI, M. ROCCHETTI,

S. TINELLI, N. BRONDINO, P. AMBROSI

Department of Psychiatry, University of Pavia, ITALY



42509

MENTAL HEALTH OUTPATIENT SERVICES FOR OFFENDERS WITH MENTAL DISORDERS IN ITALY: A PREVALENCE STUDY CONDUCTED IN THE LIGURIA REGION TO ESTIMATE THE SERVICES' WORKLOAD

W. NATTA ¹, L. FERRANNINI ², F. FERRARI ³, C. FIZZOTTI ⁴, S. GOTELLI ², G. GUERRINI ³, P. PELOSO ², R. RADMANN ², M. RESPINO ⁵, G. SCIOLÈ ⁶, M. VAGGI ², S. VALENTE ⁷, E. ZANELLI ⁴, L. GHIO ⁵

¹ Società Italiana di Psichiatria, Sezione Ligure, Genova, ITALY, ² Dipartimento di Salute Mentale ASL ³, Genova, ITALY,

³ Dipartimento di Salute Mentale ASL ⁵, La Spezia, ITALY, ⁴ Dipartimento di Salute Mentale ASL ², Savona, ITALY,

⁵ Clinica Psichiatrica, IRCCS Azienda Ospedaliera Universitaria San Martino, IST, Genova, ITALY, ⁶ Dipartimento di Salute Mentale ASL ¹, Imperia, ITALY, ⁷ Dipartimento di Salute Mentale ASL ⁴, Chiavari, ITALY

41737

CASE STUDY WITHIN THE SOCIAL REHABILITATION CENTRE IN QATAR

S. AL-EMADI

Social Rehabilitation Centre, Doha, QATAR

42850

AN ECOLOGICAL APPROACH TO AUTISM: THE EXPERIENCE OF CASCINA ROSSAGO

A. DE MICHELI, P. ORSI, N. BRONDINO, S. UCELLI DI NEMI, F. BARALE

University of Pavia, ITALY

38121

RISK ASSESSMENT FOR MANAGEMENT OF SUICIDE BEHAVIOR IN CLINICAL PRACTICE

A. SHRIVASTAVA

The University of Western Ontario, London, CANADA

18.30 - 19.30

WHITE HALL 2

Thematic Session 4/1

BUONE PRATICHE: SUGGERIMENTI PER I SERVIZI (IT)

CHAIR: R. BRACCO, ITALY

42533

LA PROSPETTIVA TRANSCULTURALE NELLA RIABILITAZIONE PSICO-SOCIALE E IN PSICOTERAPIA

P. INGHILLERI ¹, R. TERRANOVA CECCHINI ²

¹ University of Milan, ITALY, ² Fondazione Cecchini Pace, Milan, ITALY

42600

I CENTRI DIURNI NEGLI ASSETTI DELLA PSICHIATRIA DI COMUNITA'

E. CAFISO ¹, F. GIUBILINI ²

¹ Coordinamento Nazionale Centri Diurni in Psichiatria- Ref. Lombardia, Cesano Boscone, ITALY, ² Coordinamento Nazionale Centri Diurni in Psichiatria - Presidente, Parma, ITALY

41843

LA VALUTAZIONE DEGLI ESITI NELLA RIABILITAZIONE PSICOSOCIALE DEL DSM ASL LECCE

T. DE DONATIS, M. FONTANA, P. CALÒ, S. DE GIORGI

Dipartimento Salute Mentale, Lecce, ITALY

42499

RIFLESSIONI SUI FATTORI FACILITANTI L'INCLUSIONE SOCIALE: UTILITÀ DELL'ICF

G. PINTO, A. DE MARTINO, A. DIAVOLETTO, C. MARTINO, G. CORRIVETTI, A. PIERRO, G. ZOTTOLI

Dipartimento di Salute Mentale, Pontecagnano (Sa), ITALY



8.00 - 8.45

RED HALL**Meet-the-Expert 40769****INFLUENCING POLICY FOR REHABILITATION AND RECOVERY SERVICES**F. HOLLOWAY¹, H. KILLASPY², E. LAVELLE³, J.M. CALDAS DE ALMEIDA⁴¹ South London and Maudsley NHSFT, London, UNITED KINGDOM, ² University College London, UNITED KINGDOM,³ Tallaght Hospital, Dublin, IRELAND, ⁴ University of Lisbon, PORTUGAL**BLUE HALL 1****Meet-the-Expert 42543****HOW TO TRANSFORM RESEARCH TO A RECOVERY ORIENTED ACTIVITY: PRACTICAL ISSUES AND SOLUTIONS**M. FARKAS¹, M. BORG²¹ Center for Psych Rehab., Boston University, Boston, USA, ² Faculty of Health Sciences, Buskerud University, Oslo, NORWAY**BLUE HALL 2****Meet-the-Expert 41852****MULTI-FAMILIAR PSYCHOANALYSIS, ASSEMBLY AND REHABILITATION**

E. PALLEIRO MIGUES

Universidad de la República Oriental del Uruguay, Montevideo, URUGUAY; Ministerio de Educación y Cultura, Montevideo, URUGUAY

YELLOW HALL 1**Meet-the-Expert 39435****STAGES OF SCHIZOPHRENIA, LEVELS OF DISABILITY AND EXPECTED OUTCOMES**

P. CAROZZA

Department of Mental Health - WAPR Italian Branch, Ravenna, ITALY

YELLOW HALL 3**Meet-the-Expert 42798****CHALLENGES & PROSPECTS OF AN INDIAN MODEL OF CARE FOR THE HOMELESS MENTALLY ILL: ARE THE POLICIES RESTRICTIVE OR INCLUSIVE?**

J. SANTHOSH, PI. A. KUNNUMPURATHU RAGHAVAN

¹ Mariasadanam Charitable Trust, Palai, INDIA, ² Rajagiri College of Social Sciences & Mariasadanam, Kochi, INDIA

8.00 - 9.00

WHITE HALL 1**Symposium 42655****IL PROGETTO DI INTERVENTO PRECOCE TRA ESPERIENZE CONSOLIDATE E NUOVE OPPORTUNITÀ DI INTERVENTO**

CHAIR: M. PERCUDANI, ITALY

- **La fatica di diventare adulti** (L. MICHELETTI, ITALY)
- **La condivisione nel crescere: dal modello di lavoro alla costruzione della cura** (P. SCOVAZZI, S. COMERIO, ITALY)
- **Dal laboratorio dello specialista al mondo: la costruzione della rete** (M. ZARA, ITALY)
- **Nuovi interventi per nuovi disagi** (F. RESTAINO, ITALY)

WHITE HALL 2**Symposium 42795****PSYCHIATRIC REFORM: CHALLENGES IN BRAZIL AND ITALY - PARADIGMS, SERVICES AND PROFESSIONAL PRACTICES**

CHAIR: C. CORRADI-WEBSTER, BRAZIL

- **Challenges in mental health assistance in Italy** (M.T. FERLA, ITALY)
- **Non-prescribed substance use and mental health** (C. CORRADI-WEBSTER, BRAZIL)
- **Psychosocial attention centers as strategic services in Brazilian Psychiatric Reform** (T.T. SENI OLIVEIRA PEREIRA, BRAZIL)
- **Caring practices in a psychiatric inpatient unit: conceptions, needs and challenges** (F. DE SOUSA VIEIRA, BRAZIL)

8.45 - 9.30

RED HALL**Thematic Session 3/8****ATTITUDES TOWARDS MENTAL DISORDERS (EN)**

CHAIR: V. VARMA, INDIA

39250**METAPHORIC AND NON-METAPHORIC USAGE OF THE TERM SCHIZOPHRENIA IN ITALIAN NEWSPAPERS**L. MAGLIANO ¹, J. READ ², R. MARASSI ³¹ Department of Experimental Medicine, Second University of Naples, ITALY, ² Department of Psychology, University of Auckland, NEW ZEALAND, ³ Il Mattino - Newspaper, Naples, ITALY**39251****MEDICAL STUDENTS' VIEWS OF SCHIZOPHRENIA: THE INFLUENCE OF CAUSAL EXPLANATIONS AND DIAGNOSTIC LABELING**L. MAGLIANO ¹, J. READ ², S. REGA ³, N. OLIVIERO ³, A. SAGLIOCCHI ³, M. PATALANO ³, A. D'AMBROSIO ³¹ Department of Experimental Medicine, Second University of Naples, ITALY, ² Department of Psychology, University of Auckland, NEW ZEALAND, ³ Faculty of Medicine, Second University of Naples, ITALY**41689****THE DEVELOPMENT OF A NEW SELF-ADMINISTERED QUESTIONNAIRE TO ASSESS DYSFUNCTIONAL STAFF ATTITUDES AND REACTIONS TOWARD A SINGLE USER - A PRELIMINARY STUDY**F. RAPISARDA ^{1,2}, M. MURATORE ¹¹ Cooperativa Sociale Borgocometa, Monza, ITALY, ² Istituto di Ricerche Farmacologiche Mario Negri, Milano, ITALY**BLUE HALL 1****Thematic Session 3/14****REHABILITATION AFTER SEVERE TRAUMAS (EN)**

CHAIR: A. FERGUSSON, COLOMBIA

43009**REHABILITATING TERRORISTS AND THEIR VICTIMS**

Z. TAINTOR

New York University School of Medicine, New York, USA

42967**USING PEER PROBLEMS AS AN INDICATOR TO DETECT ADOLESCENTS SUFFER FROM TRAUMA**

F. FAUSIAH

Universitas Indonesia-Faculty of Psychology, Depok, INDONESIA

BLUE HALL 2**Thematic Session 3/2****ESTRATEGIA SALUD DE LA FAMILIA EN LA PROMOCIÓN DE LA SALUD MENTAL (ESP)**

CHAIR: G. AGNETTI, ITALY

42905**ACCIONES DE LA ESTRATEGIA SALUD DE LA FAMILIA EN LA PROMOCIÓN DE LA SALUD MENTAL**V. CORREIA¹, S. BARROS²¹ Universidade Estadual de Maringá, Maringá, BRASIL, ² Universidade de São Paulo, São Paulo, BRASIL**41853****LAS ACCIONES DE SALUD MENTAL DE LOS EQUIPOS DE LA ESTRATEGIA DE SALUD DE LA FAMILIA (ESF)**S. BARROS¹, L. COLVERO¹, J. CORTÉS¹, F. NICÁCIO², V. CORREIA³, T. MOREIRA¹, A. BARROS¹¹ Escuela de Enfermería de la Universidad de São Paulo, BRAZIL, ² Departamento de Terapia Ocupacional de la Facultad de Medicina de la Universidad de São Paulo, BRAZIL, ³ Escuela de Enfermería de la Universidad de Maringá, BRAZIL,**42170****SALUD MENTAL EN EL TERRITORIO: LOS EQUIPOS DE LA ESTRATEGIA DE SALUD DE LA FAMILIA (ESF) Y LAS ACCIONES DE INCLUSIÓN SOCIAL**S. BARROS¹, L. COLVERO¹, M. MORAES SALLES¹, F. NICACIO², J. CARVALHO DOS SANTOS¹, I. MORAES¹, J.M. GARCIA¹¹ Escola de Enfermagem da Universidade de São Paulo, BRAZIL, ² Departamento de Fonoaudiologia, Fisioterapia e Terapia Ocupacional da Faculdade de Medicina da Universidade de São Paulo, BRAZIL**YELLOW HALL 1****Thematic Session 3/10****CONSUMERS PERSPECTIVES (EN)**

CHAIR: B. D'AVANZO, ITALY

42342**WHAT DO USERS WITH MAJOR MENTAL DISORDERS EXPERIENCE AND WHAT DO THEY WANT FROM THE MENTAL HEALTH SERVICE IN SITUATIONS OF MENTAL CRISIS?**C. GUDDE¹, M. OLSØ TURID², D.Ø. ANTONSEN³, M. RØ⁴, L. ERIKSEN⁴, S. VATNE⁵¹ St. Olavs University Hospital, Division of Psychiatry, Department of Brøset, Centre of Forensic Research and Education, Trondheim, NORWAY, ² Norwegian Resource Center for Community Mental Health, Trondheim, NORWAY, ³ Resource Center for Service User Experience and Service Development, KBT, Trondheim, NORWAY,⁴ St. Olavs University Hospital, Division of Psychiatry, Department of Nidaros DPS, Trondheim, NORWAY,⁵ Molde University College, Trondheim, NORWAY**40667****WHAT DO CONSUMERS AND CARERS WANT FROM THEIR COMMUNITY PHARMACY?**A. WHEELER¹, K. KNOX¹, J. FOWLER¹, L. HATTINGH², J. FEJZIC¹, D. MCCONNELL¹, A. MEY¹, D. SHUM¹¹ Griffith Health Institute, Griffith University, Brisbane, AUSTRALIA, ² Curtin University, Perth, AUSTRALIA**41672****OVERCOMING BARRIERS TO RECOVERY IN MENTALLY DISORDERED OFFENDERS**

S. JAY, J. SULLIVAN, B. MANN, L. MATIAS, J-S. LLEWELLYN

East London NHS Foundation Trust, Forensic Mental Health Directorate, London, UNITED KINGDOM

8.45 - 9.30

YELLOW HALL 2**Thematic Session 3/12****CHANGEMENT DES SERVICES: EXPÉRIENCES EN PAYS FRANCOPHONES (FR)**

CHAIR: E. GIRAUD BARO (FRANCE)

40880**LE "TINTAMARRE" DE LA SANTÉ MENTALE AU QUÉBEC**S. LAROSE ¹, K. HETHERINGTON ², C. DESROSIERS ³¹ Université de Montréal, CANADA, ² Université McGill, Montréal, CANADA, ³ L'Hébergement La casa Bernard Hubert, Longueuil, CANADA**42638****CONSEIL LOCAL DE SANTÉ MENTALE: UN OUTIL DE RÉHABILITATION SOCIALE**

J.L. ROELANDT, P. GUEZENNEC, F. RAFAEL

Centre Collaborateur de l'OMS pour la recherche et la formation en santé mentale, Mons en Baroeul, FRANCE

37622**LA RÉFORME DE SOINS EN SANTÉ MENTALE EN BELGIQUE**B. JACOB ¹, I. MOENS ²¹ Service Public Fédéral, Santé Publique, Bruxelles, BELGIUM, ² Cabinet de la Ministre Onkelinx, Ministre des Affaires Sociales et de la Santé Publique, Bruxelles, BELGIUM**YELLOW HALL 3****Thematic Session 3/13****RICERCA IN RIABILITAZIONE PSICOSOCIALE (IT)**

CHAIR: A. MAONE, ITALY

42656**LA PARITÀ DI STATUS TRA INTERVISTATORE E INTERVISTATO: EFFETTI ATTESI E INATTESI OTTENUTI CON IL PROGETTO CCM NEL DSM F. BASAGLIA DELL'ASL TO2 NORD**

M. NIGRA, M. DE GIORGI, M. LABATE, D. MAZZESI, U. ZAMBURRU

DSM Franco Basaglia, Torino, ITALY

43092**PROGETTO REX.IT: STUDIO PILOTA RECOVERY STAR**F. LUCCHI ¹, A. PLACENTINO ¹, I. FERRAZZOLI ², G. SEGGIOLI ², M. MENTASTI ⁴, G. VILLA ¹, G. SCARSATO ¹, P. DE CARLI ¹, M. LUSSIGNOLI ¹, V. TROLETTI ³, V. SPANDRE ³, I. LISCIDINI ⁵, R. MICHELI ⁶, G.L. NOBILI ², F. SAVIOTTI ², V. ZINDATO ³, G. FAZZARI ¹, S. VERGALLITO ⁷¹ Unità di Psichiatria (UOP23) AO Spedali Civili, Brescia, ITALY, ² DSM - AO Desenzano, Cooperativa La Rete⁴, ITALY,³ DSM-ASL della Valle Camonica, ITALY, ⁴ Cooperativa La Rete, ITALY, ⁵ Cooperativa Liberamente, ITALY, ⁶ Associazione Il chiaro del bosco, ITALY, ⁷ Cooperativa Sociale Si Può, ITALY**40997****VALUTAZIONE DELL'ESPERIENZA SOGGETTIVA QUOTIDIANA IN PAZIENTI INSERITI IN UN PROGRAMMA RIABILITATIVO RESIDENZIALE E SEMI-RESIDENZIALE**C. VIGANÒ ¹, N. FERRARIO ¹, M. ZABOTTO ¹, F. BOTTARINI ¹, M. BASSI ², A. DELLE FAVE ², G. BA ¹¹ Psychiatry Unit, Biomedical and Clinical Department, University of Milan, ITALY, ² Psychology Unit, Biomedical and Clinical Department, University of Milan, ITALY

9.00 - 10.30

WHITE HALL 1**Symposium 42115****THE RIGHT TO INCLUSION: INTEGRATION AND ACCEPTANCE OF PEOPLE WITH MENTAL DISABILITIES**

CHAIR: S. PATHARE, INDIA

DISCUSSANT: D. JUODKAITE, LITHUANIA

SPEAKERS: C. KIM (CANADA), F. HANNA (EGYPT), K. BRAZEVIC (LITHUANIA), J. OFFERGELD (GERMANY)

WHITE HALL 2**Symposium 42922****TRANSFORMATIVE CHANGE IN COMMUNITY MENTAL HEALTH**

CHAIR: J. ORNELAS, PORTUGAL

SPEAKERS: M. JORGE-MONTEIRO, B. SACCHETTO, T. DUARTE, I. ALMAS (PORTUGAL)

9.30 - 10.30

RED HALL**Symposium 43124****PERSON-CENTRED APPROACHES IN PSYCHOSOCIAL REHABILITATION**

CHAIRS: L. LUNDIN (SWEDEN), W. RUTZ (GERMANY)

- **Person-centred suicide prevention directed to patients with vulnerability to psychotic disorders** (W. RUTZ, SWEDEN)
- **IMPACT - A personalised approach for improving health behaviour in Serious Mental Illness (SMI)** (J. EBERHARD, SWEDEN/UNITED KINGDOM)
- **The Resource group ACT (RACT): a person-centred approach for recovery from disability** (L. LUNDIN, SWEDEN)

BLUE HALL 1**Symposium 41401****SUPPORTED EDUCATION**

CHAIR: L. KOREVAAR, THE NETHERLANDS

- **Introduction of supported education** (L. KOREVAAR, THE NETHERLANDS)
- **Thresholds for education** (C. DE HEER-WUNDERINK, THE NETHERLANDS)
- **Evaluation of a preparation course** (L. KOREVAAR, THE NETHERLANDS)
- **Supported education RCT** (M. MULLEN-GONZALEZ, USA)

BLUE HALL 2**Symposium 42650****IL BUDGET DI SALUTE COME STRUMENTO DI DEISTITUZIONALIZZAZIONE: DALLA STRUTTURA RESIDENZIALE ALL'ABITARE SUPPORTATO**

CHAIR: P. RIDENTE, ITALY

SPEAKERS: P. RIDENTE (ITALY), M. FURLAN (ITALY), I. MARIN (ITALY), C.C. SCHIFFILITI (ITALY), F. STARACE (ITALY), R.M. SEABRA SADE (BRAZIL)

YELLOW HALL 1**Symposium 43127****EVALUATE TO IMPROVE: THE CONTRIBUTION OF THE ITALIAN SOCIETY OF PSYCHIATRIC EPIDEMIOLOGY (SIEP) TO THE EVALUATION OF MENTAL HEALTH AND SOCIAL SERVICES**

CHAIR: E. ROSSI, ITALY

- **Indicators of quality of care: the SIEP QuISMI** (A. LORA, ITALY)
- **Socio-economic determinants of mental health** (F. AMADDEO, ITALY)
- **Impact on community mental health of the L'Aquila 2009 earthquake** (R. RONCONE, ITALY)
- **Integration between primary care and mental health services in Italy: determinants of referral and stepped care** (A. PIAZZA, ITALY)

9.30 - 10.30

YELLOW HALL 2**Symposium 41204****RÉINTÉGRATION COMMUNAUTAIRE ET RÉADAPTATION DES CONTREVENANTS AVEC DES TROUBLES MENTAUX OU DÉVELOPPEMENTAUX**

CHAIR: C. MERCIER, CANADA

SPEAKERS: C. MERCIER, A. CROCKER, M. PERREAU (CANADA)

YELLOW HALL 3**Symposium 41866****MICROCREDIT AND SUPPORTED EMPLOYMENT FOR PEOPLE WITH SERIOUS MENTAL ILLNESS**

CHAIR: S. BRUSCHETTA, ITALY

SPEAKERS: R. BARONE, M. D'ALEMA, S. BRUSCHETTA (ITALY)

10.30 - 11.30

RED HALL**Special Symposium 9 (programma ECM)****WHICH FUTURE FOR PSYCHIATRY?**

CHAIR: Z. TAINTOR, USA

- **Does psychiatry have a future?** (G. DELL'ACQUA, ITALY)
- **Physical illness and physical health care in persons with severe mental disorders** (M. MAJ, ITALY)
- **Psychiatry and economy: a long term interaction and its future** (M. MADIANOS, GREECE)

11.30 - 12.30

Round Table (programma ECM)**WHICH FUTURE FOR PSYCHOSOCIAL REHABILITATION?**

CHAIR: G. ROCCA, ITALY

- **Rehabilitation is now** (E. GIRAUD BARO, FRANCE)
- **The meaning of a psychosis** (R. VAN DER MALE, THE NETHERLANDS)
- **Challenges in working with disadvantaged groups** (T. MURALI, INDIA)
- **Training of mental health professionals: cross-cultural perspectives** (H. MINAS, AUSTRALIA)

12.30 - 13.00

Keynote Address (programma ECM)**PSYCHOSOCIAL REHABILITATION IN 21ST CENTURY: NEEDS, OPPORTUNITIES & CHALLENGES**

by WAPR President Elect, AFZAL JAVED

13.00 - 13.30

Closing Ceremony, Poster Awards

CHAIRS: TAE-YEON HWANG (SOUTH KOREA), M. BORG (NORWAY), B. D'AVANZO (ITALY)

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SATURDAY, 10 NOVEMBER

SYMPOSIUM

40328

THE EFFECTIVENESS OF MENTAL HEALTH REHABILITATION SERVICES

*KILLASPY H.*¹, *LAVELLE E.*², *HOLLOWAY F.*³

¹ Mental Health Sciences Unit, University College London, UNITED KINGDOM, ² Dublin West/South West Mental Health Service, Dublin, IRELAND, ³ South London and Maudsley NHS Foundation Trust, London, UNITED KINGDOM

Mental health rehabilitation services focus on people with longer term and complex problems. Despite the high costs of care for this group there has been a paucity of research evaluating their clinical and cost effectiveness. This session will report on results from recent studies evaluating the effectiveness of mental health rehabilitation services in the UK and Ireland. It will also include description of the development of a staff training intervention being evaluated through a cluster randomised controlled trial in England that aims to improve service user engagement in activities.

SUNDAY, 11 NOVEMBER

Meet-the-Expert

40249

BEING A DETECTIVE: TWENTY CRITICAL QUESTIONS TO ASK WHEN SOMEONE GETS STUCK ON THE ROAD TO RECOVERY

HARDING C.

Columbia University, New York, USA

This presentation will provide twenty specific questions, which a savvy clinician needs to pose, if the person, with whom they are working, is not moving forward on the road to recovery. These questions are often not asked and may be essential to help determine new and important pathways toward recovery. Some of the assessments include finding the correct diagnosis, suspecting the Deficit Syndrome, needing cognitive remediation, recognizing medication side effects, gender differences in response to medications and onset, finding work as treatment, recognizing cultural differences etc.. The presentation includes reasons why such questions are critical but also provides concrete resources (lab tests, interview tools, assessment scales and references), for the clinician, the service user and his or her family to pursue the answers. The audience will better understand why some biological and psychosocial interventions are often forgotten or neglected but when implemented will help complete the treatment plan and move people further along the path to reclaiming their lives.

40711

ETIQUETTE IN THERAPEUTIC SETTINGS

MENDOZA-CANTOS A.

Always Gracious, The Academy of Etiquette & Charm, Malverne, USA

Etiquette may seem non-relevant in the health/mental health arena, some people might think that etiquette refers only to being polite and thoughtful in general to everybody, but the reality is that when wisely employed in therapeutic manners it can transform the response of the patient to his medical/psychological treatment. Etiquette is defined as the conventional rules of proper social behavior, however, etiquette is very distinctive in each culture, the ability to understand the cultural orientation of each country, the way people speak, act, negotiate and make decisions as well as the way they organize and process information, how their belief system either religious or political help them to accept or reject an idea, and how their value system can be critical when making decisions; is what can help a professional to be more successful in treating the patient and the client to feel better understood. In conclusion when a professional understands how a patient processes information with regard to Cultural Etiquette and Protocol, he/she increases the chances of engaging the client in treatment by using the trust that this social tool generates, and the worker-client relationship becomes stronger, more productive and the outcome of treatment more effective.

40952

POST PSICHIATRIA, RECOVERY, GUARIGIONE: NUOVI ORIZZONTI E CONFERME ALLA LUCE DELLA TEORIA DELLA SELEZIONE DI GRUPPI DI NEURONI DI EDELMAN

BOSIO R.

CSM 24 ore AUSL Cesena Dipartimento di Salute Mentale, Cesena, ITALY

L'autore descrive la Teoria della Selezione di Gruppi di Neuroni sviluppata nel 1987 da Edelman (Nobel della Medicina 1972). La TSGN pone l'accento sulla continua interazione fra ambiente esterno ed ambiente interno quale meccanismo costante nel tempo di tutta la vita per la relazione della mente con il mondo. Tale teoria interseca ed affronta dal punto di vista genetico, anatomico e funzionale la strutturazione dell'ambiente interno (cervello) che si modifica e cresce nelle proprie competenze e capacità attraverso il rientro dell'informazione dall'ambiente esterno oltre che nello sviluppo, anche per garantire un costante adattamento cognitivo e comportamentale rispondente alla elaborazione della propria posizione sostenibile nel mondo in un continuo interscambio bidirezionale. Tali concetti se da un lato si coniugano ai principi della postpsichiatria, dall'altro sostengono la possibilità della guarigione dalla sofferenza psichica in virtù della modificazione delle regole del contesto ambientale che riverberano

in un nuovo assetto del pensiero, grazie alla nuova realtà nella quale si è parte. Trova così, fra l'altro, nuove conferme l'importanza del riconoscimento precoce della sofferenza e della riabilitazione precoce assieme alla collaborazione con i referenti affettivi primari del proprio mondo.

41267

SERVICE USER INVOLVEMENT IN ALL ASPECTS OF THE RESEARCH PROCESS

NETTLE M.

Mental Health User Consultant, Worcester, UNITED KINGDOM

I have been self employed as a mental health service user consultant for over twenty years. Find out more about me and my life in the UK mental health system and how there can be a lot more to living with a mental illness label. I feel it would be interesting to show in the 'meet the expert' slot how people with mental health problems, experts by experience can add another dimension to research. What is the point of evidence if it does not include how it feels to the participant and who is best placed to obtain this evidence than survivor researchers? I have completed user controlled research into the social model of disability and how relevant service users feel this model is for them. I can tell you the findings. Research is the topic but the + means that we can discuss all aspects of living with a mental illness label. I look forward to facilitating a discussion about how relevant rehabilitation is the era of recovery. Is such a service needed in this day and age? Where is the evidence that it works? Where does that evidence come from? Come and talk to me I will have an opinion on most things and look forward to hearing yours.

42614

RECENT ADVANCES IN PSYCHOEDUCATION FOR BIPOLAR DISORDER

ECONOMOU M.

First Department of Psychiatry, Medical School, University of Athens, GREECE; University Mental Health Research Institute (UMHRI), Athens, GREECE; Hellenic Branch of World Association for Psychosocial Rehabilitation, Athens, GREECE

Introduction: There is an impressive body of literature stressing the effectiveness of family psychoeducation for people suffering from severe mental illness, especially from schizophrenia, compared to routine management. In the past 10 years there has also been growing interest in psychoeducational interventions for bipolar disorder. Psychoeducation has been found to play a core role in the treatment of bipolar disorder as an add-on to pharmacological treatment, with long-lasting effects. **Objective:** In this know-how presentation, recent methods of delivering psychoeducation will be outlined. In particular, emphasis will be given on how to: (a) build a psychoeducational programme including educational, behavioral and problem solving components, which will at the same time balance between psychotherapeutic elements and the provision of accurate and reliable information, (b) attract patients and caregivers and get them involved into psychoeducational programmes, (c) tackle difficult issues, such as sexuality and family planning, overcome social misconceptions, handle symptoms and emotions, manage stress and develop coping strategies and (d) motivate professionals to move from routine individual therapies to psychoeducation based approaches. Implementation barriers will be also discussed.

42941

INITIATIVES IN RESEARCHING PEER DELIVERED SERVICES

ROGERS E.

Boston University Center for Psychiatric Rehabilitation, USA

Objective: Given the proliferation of peer-delivered services, the Center for Psychiatric Rehabilitation has undertaken several research initiatives to examine the effects of peer support services on individuals with severe psychiatric disabilities. **Methods and Design:** We have conducted four initiatives that will be reported on: 1) a systematic review of the literature examining the effectiveness of peer delivered services including a review of the rigor and meaning of studies conducted to date; 2) a randomized trial of the effects of peer support for individuals designated by a civil court to be a person with a serious mental illness and who are civilly committed for inpatient care. A total of n=150 individuals were recruited, randomly assigned, and assessed on a variety of measures including social supports,



recovery, symptoms and functioning. Individuals randomized to the experimental group were paired with a "Recovery Coach" (i.e., a peer support specialist) to receive one-to-one peer support services over a period of 6 months. The peer support was designed to assist them with their recovery and the conditions of their civil commitment. Individuals in the control group were invited to receive other services such as social events, participation in group educational activities, and so forth. 3) The third research initiative on which we will report is a qualitative study of n=28 individuals who received peer support services and with whom we explored how and why they perceived their peer support services as beneficial. 4) Finally, the Center is currently conducting a randomized trial of peer support that is vocationally focused. We are in the midst of recruiting a total of n=200 individuals, randomly assigning them to peer support specialists who have been specially trained in vocational support and then examining the effects of that support on participants vocational recovery over a 1-year period. **Results:** 1) Results of the systematic review suggested limited evidence for the effectiveness of peer delivered services, but revealed that there are many methodological difficulties in the existing research. 2) The second study, an RCT of peer support for individuals having received civil commitment was difficult to mount and to complete for a variety of reasons that will be discussed. Results of the study did suggest that peer services resulted in gains in perceived social and interpersonal support and in recovery orientation. 3) Results of our qualitative study of individuals receiving peer support suggested that peer support was effective in numerous ways including providing role models, increasing participants' sense of hope, and in providing tangible and intangible supports. 4) The final initiative to be discussed is an ongoing RCT of vocationally oriented peer support. We will describe the vocational training of peers and the challenges of conducting a vocationally-focused study. **Conclusions:** Results of our initiatives in the peer support arena point to the challenges of this growing workforce and important component in the array of mental health services. Peer support services are being funded in many states to complement traditional mental health services and it is imperative that we better understand what peer support works, for whom, and under what circumstances, as well as the mechanisms by which peer support may be beneficial.

43445

MOTIVATIONAL INTERVIEWING

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Introduction: Motivational Interviewing (MI) is a counselling approach originally developed for professionals in the field of substance abuse. However, the principles can be applied in other settings. For many of our service users, certain sets of behaviours have almost taken on the characteristics of addictions, and they become hooked. They know intellectually that what they are doing is not good for them. They may tell themselves and others that it is only temporary, that it will be better or different "tomorrow," but they can't visualize their lives being much different than they are today. As defined by its developers, "Motivational Interviewing is a directive, client-centred counselling style for eliciting behaviour change by helping clients to explore and resolve ambivalence." Motivational Interviewing is based on five principles using the acronym DEARS: 1. Develop Discrepancy; 2. Express Empathy; 3. Amplify Ambivalence; 4. Roll with Resistance; 5. Support Self-Efficacy. Motivational Interviewing is theoretically based on the stages of change model as described by Prochaska and DiClemente, Client Centred Psychotherapy and Applied Behaviour Analysis. **Application in a forensic setting.** In a forensic setting motivational interviewing can be applied by all professionals in a variety of settings:

- During ward round by members of the multi-disciplinary team (to motivate a service user to start working on specific problems);
- During individual sessions by care coordinators with individual service users to help them making wise decision regarding participation in the programme;
- During individual support sessions with service users by all staff to help service user making wise decisions regarding problems to work on, treatment interventions to participate in etc. . This session is aimed at providing participants with an opportunity to discuss the application of motivational interviewing in various setting. Questions about about the stages of change model, the foundations of motivational interviewing, specific motivational interviewing techniques and all are welcomed. Given time video clips can be shown to invite feedback and discussion.

Symposia

37930

GIRONA: UNA RED DE SALUD MENTAL INTEGRAL QUE CIERRA EL HOSPITAL PSIQUIATRICO

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IAS. Mental Health Network, Girona, SPAIN

OBJETIVO: En el symposium se describirá como con la introducción de sistemas de gestión basados en la planificación, en la calidad y en los procesos asistenciales se configura una red de salud mental integrada centrada en el tratamiento de proximidad del usuario. **METODO:** Se dará información sobre los distintos dispositivos hospitalarios y los comunitarios (CSM Adultos, InfantoJuvenil, Centros de Rehabilitación, Centros de Drogas, recursos residenciales, y recursos laborales) que conforman la actual red. Insistiremos en los dos principios básicos de la red: la continuidad asistencial y tratamiento integral del usuario. Explicaremos como la ampliación de los recursos comunitarios ha sido fundamental para superar el hospital psiquiátrico. **RESULTADOS:** Mostraremos una serie de resultados y proporcionamos un análisis de costes de la red de salud mental de las comarcas de Girona.

- Desde el 2005 aumenta la población más de 100.000 habitantes.
 - Aumenta la actividad de la atención comunitaria de salud mental.
 - Disminución de la actividad hospitalaria en lo que concierne a las urgencias psiquiátricas.
- Estos resultados se atribuyen al impulso y el aumento de los profesionales de la parte comunitaria de la red de salud mental, más de 60 en los últimos 5 años, y a la creación de plazas residenciales.

38942

RECOVERY OF THE PSYCHIATRIC KNOWLEDGBASE – IS RECOVERY POSSIBLE AND PROBABLE WITHOUT THIS?

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A Nordic Symposium of Recovery. Although the concept of recovery in severe mental illness is emerging as a new vision in mental health services in many countries, it is still hard to find practices that take all its challenging elements of user empowerment, diversity, democracy, complexity and the need of a new knowledge base and professional autonomy into account. In many situations the word recovery seems to be rather overused as what citizens are offered do not equal the promises given in vision statements. One of the key principles of recovery is that of “people first,” meaning that individuals with mental health problems are human beings with resources and talents, hopes and dreams, and strengths and weaknesses, just like people in general. However, listening to the voices of people with lived experience of severe mental health problems, they continue to be met and described as cases or disorders, as vulnerable and deviant people governed by symptoms and diagnoses, rather than being equal citizens with a variety of roles and resources. In this symposium we will raise some fundamental questions about the potentials of recovery within psychiatric services. How can we move from rhetoric to reality?

39376

IL TRATTAMENTO DEI PAZIENTI PSICHIATRICI AUTORI DI REATO DOPO LA CHIUSURA DEGLI OSPEDALI PSICHIATRICI GIUDIZIARI: PROGETTI E MODELLI DI INTERVENTO

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Bicocca, Milano, ITALY, ⁴ Servizio Alcolfarmacodipendenze e Psichiatria Forense, Presidio Ospedaliero Fatebenefratelli, Torino, ITALY, ⁵ Department of Psychiatry, University of Oxford, Warneford Hospital, Oxford, UNITED KINGDOM

Il simposio verterà sulle prospettive di cura dei pazienti psichiatrici autori di reato in seguito alla prossima



chiusura degli OPG. Il rapporto stilato dalla task force interministeriale sulle condizioni dei pazienti degli OPG ha generato nuovo interesse per la definizione di protocolli per il reinserimento sociale di tali soggetti. Sarà descritta la situazione italiana alla luce della fase di passaggio al servizio psichiatrico territoriale della tutela della salute mentale di tali pazienti. Verranno presentati i risultati del modello di trattamento proposto dalla cooperativa sociale Interactive o da altri centri italiani (quali quello dell'Unità Forense di Torino). Una presentazione verterà sui percorsi di cura dei soggetti autori di reati affetti da patologie psichiatriche nel Regno Unito. Verranno discusse le modalità di cooperazione tra i vari servizi, nonché delle problematiche connesse con questa fase di passaggio. Il simposio è finalizzato a fornire ai partecipanti gli strumenti per creare un fruttuoso dibattito tecnico e psichiatrico.

40575

RECOVERY & SOCIAL NETWORKS IN EUROPE: MULTICULTURAL PERSPECTIVES

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The practice of psychosocial rehabilitation has witnessed a great change over the last few decades. The introduction of concept related to Recovery is getting refinements and conceptual changes in understanding the process of rehabilitation in many settings. Recovery, a new term that has developed from the service user movement, includes many directions that are being followed in many European countries. However the meaning and understanding of the term Recovery is still debated and its use in different settings is witnessed with a remarkable difference in its use, from being based in principles of empowerment and 'real' user involvement to more general service developments where the users' position and rights is not much changed. The European scene is also influenced by multicultural societies and in many European countries there are an increased number of patients and families from different ethnic groups who require support and services. This symposium will look at such practices, developments and innovations that focus on some practical steps taken place in European countries especially when it comes to strengthening user involvement and citizenship.

40736

LA PSICOANALISI MULTIFAMILIARE NELL'ESPERIENZA DEI SERVIZI DI SALUTE MENTALE

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Negli ultimi 15 anni la psicoanalisi multifamiliare si è diffusa significativamente nei servizi pubblici e privati dedicati alla cura e alla riabilitazione delle psicosi e dei gravi disturbi della personalità. Il corpus teorico di riferimento, sviluppato da George Garcia Badaracco (psichiatra e psicoanalista argentino-2009) intorno alla fine degli anni '50, si è andato arricchendo di contributi multicentrici che saranno il focus di questo simposio. La Psicoanalisi Multifamiliare permette una riconcettualizzazione della natura del disturbo psichiatrico grave e, conseguentemente, del suo trattamento. La composizione del gruppo terapeutico, in cui sono presenti pazienti, genitori e operatori con diverse formazioni professionali, rende possibile il riconoscimento che la patologia psichiatrica grave non è collocata soltanto nel paziente. La storia di un legame di identificazione reciproca irrisolta tra genitori e figli porta alla evidenza di legami di interdipendenza patologica e patogena che si continuano ad esprimere nel tempo presente, non solo quindi come traccia di un sistema patologico originario. Attraverso il lavoro del gruppo e alla sua straordinaria capacità di dialogare con tutti gli altri dispositivi terapeutici e riabilitativi è possibile osservare che laddove si ottiene un allentamento di questo legame, ognuno dei membri della relazione patologica può iniziare a riconoscere la propria virtualità sana, cioè a sviluppare il proprio Vero-Sé, di cui, fino a quel momento, non conosceva l'esistenza. Le implicazioni cliniche in termini di nuove prospettive di cura e riabilitazione rivolte a situazioni cliniche eterogenee, che coinvolgono gli esordi così come situazioni croniche apparentemente con scarso potenziale evolutivo saranno presentate a partire dalle esperienze teoriche cliniche e dei dati preliminari di una ricerca multicentrica.



40820

INNOVATIONS IN PSYCHIATRIC REHABILITATION

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³ University of East Anglia, Norwich, UNITED KINGDOM, ⁴ University of Pittsburgh, Pittsburgh, PA, USA,

⁵ University of Manchester, Manchester, UNITED KINGDOM

The symposium offers a broad array of innovations in psychosocial rehabilitation from family involvement to jail diversion of people with serious mental illness. One presentation will provide an update on recent advances in the use of cognitive behavior therapy for persistent psychotic symptoms, including the value of service-users' time use as a tool with strong face-validity and utility in assessing social outcome. A further presentation will provide recent data on the effects of cognitive therapy on the course of psychotic experiences in young people at high risk for developing psychosis. Another innovation to be described and discussed is the use of the Internet to offer web-based psychoeducation to people with schizophrenia and their family members. Finally, two innovative and collaborative programs facilitating the diversion of offenders with mental illness and substance-abuse problems from jail will be presented – one using the techniques of assertive community treatment, the second based on an integrated treatment court in which the judge uses techniques of positive reinforcement and motivational interviewing.

41243

PSYCHOSOCIAL REHABILITATION IN ASIA: SERVICE, CULTURAL AND TRAINING ISSUES

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Psychosocial rehabilitation (PSR) which aims to reduce stigma, providing the optimal level of functioning of individuals and societies, minimizing disabilities and handicaps, and stressing individuals' choices on how to live successfully in the community, has been practiced widely in Asia. However, Asia is a huge continent with a variety of countries in terms of national income, religious beliefs, culture, and human development. In this symposium, services, training, and cultural issues of PSR in India, Pakistan, Korea, and Thailand will be highlighted. The first speaker will describe the establishment of partnerships between mental hospitals and Buddhist temples in Thai society. It was found that religious organizations together with mental hospitals can help the mentally ill patients come back into their normal lives. While the second and third speakers will focus on PSR services in both India and Korea. The last speaker will summarize PSR training in Asia which need input from all Asian branches of WAPR to make our training program be more suitable and appropriate for Asian patients and care givers.

41264

PSYCHIATRIC COMMUNITY CARE: DO ITALIANS DO IT BETTER? THE ITALIAN PSYCHIATRIC REFORM AND THE ITALIAN PSYCHIATRIC SERVICES 30 YEARS LATER

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¹ President WAPR Italy, University of L'Aquila, ITALY, ² Treasurer WAPR Italy, Association Contatto Onlus for promotion of Natural Social Network, Milano, ITALY, ³ Board Member WAPR Italy, Co-director Specialization School in Psychotherapy IRIS, Milano, ITALY, ⁴ Board Member WAPR Italy, Director 24-hour Mental Health Service, Cesena, ITALY, ⁵ Board Member WAPR Italy, Director Mental Health Department, Ravenna, ITALY, ⁶ Board Member WAPR Italy, Early detection and interventions Programma 2000, Milano, ITALY, ⁷ Board Member WAPR Italy, Mario Negri Institute for Pharmacological Research, Milano, ITALY, ⁸ Board Member WAPR Italy, Unit of Clinical Psychology, Hospital S. Borromeo, Milano, ITALY, ⁹ Board Member WAPR Italy, psychiatrist, Milano, ITALY, ¹⁰ Board Member WAPR Italy, professional educator, Hospital Valtellina & Chiavenna, Sondrio, ITALY, ¹¹ Board Member WAPR Italy, Director Mental Health Department, Hospital Sacco, Milano, ITALY, ¹² Treasurer WAPR Italy, Director Psychiatric Residential Facilities, Hospital Niguarda, Milano, ITALY, ¹³ Board Member WAPR Italy, Director South area - Mental Health Department, Perugia, ITALY, ¹⁴ Board



Member WAPR Italy, Early Psychiatric Rehabilitation and Recovery Center, Bolzano, ITALY, ¹⁵ Board Member WAPR Italy, Psychologist Mental Health Department 2, Torino, ITALY

The aim of this symposium is to describe how the Italian psychiatric services have been developed after the 1978 psychiatric reform, better known as Law 180, with a special attention on the gap between expectations and reality. In fact, the Italian psychiatric reform allowed the mental health hospitals closure and the development of community based mental health services. For mental health users, this means the possibility of intensive treatments, assertive but rarely compulsory, continuous but not marginalizing. The attention is focused not only on the treatment of the illness but also on social inclusion, quality of life, empowerment and recovery. These points of strength lie in a services' presence widespread and deep-rooted all over the country, organized in multidisciplinary teams, in a strong connection with social and educational agencies, and in a strong presence of families and users organizations supporting this community approach. Despite these positive remarks, it' time for the services to consider some critical points that could no more be eluded, i.e. the relationship between these socially oriented and experience based "good" practices, and the evidence based practices, the risk that the present residential facilities become a new form of istituzionalization, the limited attention to prevention and early interventions, and the underestimation of the importance of skilled and motivated practitioners. In fact, it's well-known how the negative attitudes and the lack of competence can influence consumers' outcomes.

41659

UTENTE PROMOTORE DI SALUTE: PERCORSI DI FIDUCIA ED INCLUSIONE SOCIALE

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OBIETTIVI. Promuovere una rete degli utenti dei servizi di salute mentale per la diffusione dei temi dell'Empowerment, della Recovery e la richiesta di un Welfare flessibile e dignitoso. **METODO.** pratica del confronto e analisi di esperienze comuni riguardanti i seguenti argomenti: potere decisionale dell'utente; accesso a informazioni e risorse; poter scegliere tra opzioni diverse; consapevolezza delle possibilità di "guarigione"; riconoscimento della conoscenza "esperienziale" per l'implementazione e la gestione dei servizi; diffusione delle forme di supporto tra pari, incremento della pratica dell'auto-tuotuo-aiuto; diritto di condivisione delle cure; lotta allo stigma; sostegno all'abitare; accompagnamento al lavoro; aumento dell'indennità di invalidità. Verranno anche discusse le esperienze di partnership che, accanto alla crescita della pressione e dell'importanza politica delle Associazioni di Utenti delle ultime decadi, le hanno viste dialogare e costruire assieme alle Associazioni professionali. **CONCLUSIONI.** L'associazionismo degli utenti produce negli stessi una maggiore consapevolezza sui limiti e le potenzialità della propria condizione, vince il senso di isolamento sociale, induce a desiderare e a muoversi per un pieno reinserimento nella società. Promuovendo il supporto tra pari, produce la consapevolezza che anche un'esperienza di malattia grave può nascondere dei risvolti positivi, come la capacità di essere utili ad altri e quindi alla società, mettendo in atto la propria "conoscenza esperienziale". La Rete Utenti può dare un contributo determinante alla riforma per un welfare meno standardizzato; potrà concorrere in modo decisivo all'orientamento dei servizi verso i temi e i modi della Recovery.

41844

CULTIVATING UNIVERSITY ENVIRONMENTS THAT SUPPORT STUDENTS WITH PSYCHIATRIC DISABILITIES

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Higher education is a critical factor in the ability to move from the secondary labor market (low paying jobs with little security and few benefits) to the primary labor market. Students with psychiatric illnesses often struggle to succeed in school or complete their education in spite of having the necessary intellectual capability. Universities often miss opportunities to retain good students by providing access to supports that would help. This symposium will examine supported education services as well as other University based services and supports that are helpful to students with psychiatric disabilities. Examples will be provided from the LEARN Supported Education Initiative in New Jersey, USA and from the University of Medicine and Dentistry of New Jersey.



42114

INTERNATIONAL PERSPECTIVES ON ASSISTING PEOPLE WITH SEVERE MENTAL ILLNESSES TO GAIN AND SUSTAIN EMPLOYMENT

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Work is meaningful and desirable for people with severe mental illnesses (SMI). Unfortunately, vocational outcomes remain poor despite increasing availability of programs that assist with gaining and sustaining employment.

- Only 22.2% of Australians with psychotic disorders were employed according to the first Australian psychosis survey (1997). Employment-related outcomes were explored in a large representative sample within the second Australian psychosis survey (2010) and compared with the first survey. Findings concerning labour force activity, pathways to employment and policy and service implications will be presented.
- About 60% of people with SMI who access supported employment programs regain work, although job acquisition remains challenging, due to individual factors and environmental barriers. This Canadian study reports significant individual characteristics, supported employment components and employment specialist skills that are predictive of job acquisition.
- Sustaining employment for people with SMI is often more challenging than acquiring a job. Social enterprises offer a promising alternative to supported employment in this respect, through provision of greater social support and work accommodations. Significant individual, environmental and organizational predictors of job tenure in people with SMI employed in Italian social enterprises will be presented.
- The “Works” is a practical tool for people with SMI used in a UK employment support service. This presentation describes its collaborative development, and use by consumers in voluntary and paid roles as peer trainers, in supporting vocational pathways for people with SMI.

42268

PSYCHOSOCIAL REHABILITATION IN INDIA

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This symposium is aimed at giving a comprehensive overview of psychosocial rehabilitation in India. In order to outline the main issues involved It will be organized in the following parts:

- 1) Legislation and rehabilitation in India. Peculiarity of different states legislations and cultural contexts will be considered key issues and various legal hazards faced by rehabilitation centres in different part of India will be discussed.
- 2) The state or the art of psychiatric rehabilitation from an Indian perspective. Contextual aspects and the variety of techniques and resources mobilization strategies are illustrated.
- 3) Challenges in working with homeless mentally ill persons. An introductive overview of homeless people with mental illness in India is given. The social, psychological, clinical and legal issue facing an NGO working in this field along with the challenges faced in rescue, clinical management, rehabilitation and reintegration into the community is discussed.



42461

ESTABLISHING AN INTERNATIONAL NETWORK OF THERAPEUTIC COMMUNITIES

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Objectives. To promote an international dialogue about psychoanalysis, rehabilitation and cross cultural issues; therapeutic communities for people with psychiatric disorders, for children, offenders etc; psychoanalytic thinking and its application to individuals and groups; ideas, develop theory, good practice guidelines and cooperate on new projects, and awareness of psychoanalytic approaches and psychosocial interventions amongst professionals worldwide. To train students and those working in the fields of psychology, psychiatry and social work. To provide student and staff exchanges between different countries and cultures. To lobby decision makers on policy, challenging the dominant discourse and the stigmatisation of the users of mental health services. **Design & Methodology.** Designing an interactive website which will provide opportunities for social networking amongst professionals. Arranging a calendar of events; identifying therapeutic communities that adhere to a broadly psychoanalytic methodology and recruit them to the network. **Results.** An Advisory Panel has been set up with members from Athens, Budapest, Rome, Milan, Palermo and London. A group of Associates has also been established including senior academics from the University of Palermo, The Centre for Mental Health at the University of Nottingham and the Centre for Psychoanalytic Studies at the University of Essex. Links are already being made with clinicians and institutes in South America, USA and Pakistan. Officers, an Administrator and Secretary have been appointed to manage the Network. Individual members already number over 200. **Conclusions.** The Network has already received considerable support from senior clinicians, academics and practitioners.

42485

THE PSYCHIATRIC REHABILITATION TECHNICIAN: THE NEED OF A SPECIFIC PROFESSIONAL ROLE IN MENTAL HEALTH?

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Psychiatric rehabilitation is by its very nature multidisciplinary, because of the many different competencies required. In Italy, a specific professional role was instituted by the Minister of Health and the Minister of Education, University and Research, the "Psychiatric Rehabilitation Technician". The Authors discuss the main features of this mental health professional in the psychiatric staff and its normative profile.

42588

ANPIS...LE BUONE PRATICHE PER L'INTEGRAZIONE SOCIALE... LINGUAGGI NON FORMALI E INFORMALI.. SPORT, ARTE, CULTURA

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Nel dicembre del 2000 si è costituita formalmente l'ANPIS (Associazione Nazionale Polisportiva per l'Integrazione Sociale). Tale associazione attualmente conta l'adesione di 85 polisportive che, diffuse su gran parte del territorio nazionale, a partire dalla prima metà degli anni 90 si sono progressivamente costituite come strumento di promozione sociale e lotta alla marginalità. La pratica dello sport e' l'attività che caratterizza tutte le polisportive; infatti lo sport è stato lo strumento attraverso il quale si è messo in moto un processo aggregativo di prevenzione e promozione sociale dei soggetti deboli e con difficoltà di inserimento nei circuiti sociali ed economici. Il moltiplicatore di una simile progettualità va rintracciato in una precisa prospettiva teorica e pratica che unisce concetti chiave come "prevenzione" e "promozione della salute" attraverso un costante lavoro di co-costruzione di responsabilità sociale

e civile tesa alla promozione di individui e gruppi attivi e partecipi alla vita. Nel simposio verranno descritte esperienze formali e informali nell'ambito dello sport, dell'arte, della cultura e della musica, verrà proposto un modello di analisi, valutazione e riconoscimento dell'apprendimento informale per introdurre innovazioni e accrescere l'efficacia degli interventi

42708

AUTISM AND MENTAL HEALTH SERVICES. EXPERIENCES AND PERSPECTIVES

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During the last years a significant debate has developed about the quality of life of people with Autism Spectrum Disorders and a special attention has been paid to adult patients. In order to discuss new approaches to autism inside the mental health services, the symposium would propose some rehabilitative experiences and some theoretical thoughts. A project realized in Perugia and funded by European Union will be presented. It involves about 40 young autistic people who have been assessed and then sustained during the placement in firms previously selected. The methodological issue will be pointed out. Another project concerns the realization of a residential facility with specific programmes for adult autistic people. From this experience follows that if the programmes are stable, organized, emotionally balanced and, primarily, "abilitative", autistic persons can achieve a higher level of abilities, autonomy and independence. Subsequently a specific topic will be discussed: recovery and autism. Although these two terms are still considered incompatible by a lot of authors, we can think - assuming that recovery is possible - over the change of the paradigm, the culture and the practices. Finally a member of an Association of people with Asperger Syndrome will propose a remark about the need of a continuous dialogue between the consumers and the staff involved in supporting strategies. The focus is on the concept of disability and on the social mechanisms of this condition.

42956

REHABILITATION AND SERVICE CHANGE IN THE 21ST CENTURY - PART 1

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For the last 60 years Rehabilitation practice and services have played an important part in the development of community mental health services and helping to reform the institution and its practices. These have included community based alternatives to institutional care thus helping to close the psychiatric hospitals or to reduce their number of beds. They have also sought to promote the social inclusion of users in society and reduce stigma. However with new concepts and practices of the Recovery approach developed over the last few years there needs to be a fundamental change, particularly in the services and practices. This round table session will demonstrate the need and how to move from Rehabilitation into a Recovery and Whole Life Whole Systems approach. It will do this within the need of Changing the Thinking, Changing the Practice and Changing the System. There is a need to work on these 3 key areas of change at the same time and over time in a coordinated interconnected way. It will explain the concept and practice of recovery for the user that requires a shift in thinking from pathology and illness to self determination, life stories, human strengths, hopes and dreams, peer support and control by the user with support from professionals as partners, mentors and advocates. A review of best experiences worldwide is organised through the International Mental Health Collaborating Network (IMHCN). The session will focus on the following issues: is rehabilitation a technique? What is the relationship with the context of application? Rehabilitation without a community or inside institutions: is that possible? Is Rehabilitation possible without a whole system, without changing the thinking? What is the practice of rehabilitation? What is the role of the "person" in rehabilitation, from life stories/narratives to identification of personal recovery factors? From where are the energies, the engine for change?



REHABILITATION IN THE 21st CENTURY: CHANGE SERVICES FOR YOUNG PEOPLE – PART 2

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The goal of this symposium is to discuss changes and transformations into: 1- mental health care network; 2- institutional practices; and 3- ideas and conceptualization. Those aspects are present into psychosocial attention and rehabilitation for underprivileged adolescents in three different contexts and Brazilian cities (Rio de Janeiro, Salvador and Belo Horizonte). We aim to share those experiences with other countries that experience the same issues regarding adolescents' hopelessness, their involvement with drugs, family and community abandonment, school dropouts and, ultimately, the lack of public policies for them, which becomes a stimulus for the increase of criminality. **1. Salvador, Bahia presentation.** The Project Captains of the Sands team began operations in 2008 and works in the Historical Center of Salvador, Bahia, in Brazil with the objective to provide comprehensive care to children and adolescents at personal and social vulnerability (who are on the streets usually involved with abuse of psychoactive substances, highlighting crack) through actions aimed at the promotion, prevention, recovery of their health, as well as their psychosocial rehabilitation. The partnership with the Axé Project allowed the mapping of the territory, the identification and the approach to the target audience. After initial contacts, we adopted strategies to strengthen the bond as to identify emergency demands, facilitate access to health care services, and intersectorial approach to stimulating self-care and empowerment toward a citizenship. **2. Rio de Janeiro presentation.** This presentation will describe how psychosocial rehabilitation tools are valuable in a therapeutic work with group of young people who are in municipal shelters for judicial protection measures. Social risks and psychological suffering are present due to the lack of public policies, which leads to the increase of different forms of violence, in particular the silent violence expressed by the absence of civil rights recognition and mental health policies coverage. The rehabilitative work done in groups proved to be an instrument that can provide changes in youngsters' behavior. Their narratives and accounts at the end of the group confirmed, by their own voices, the transformation on those subjects and the support given through this therapeutic strategy for social rehabilitation. This work may be a piece of evidence for the urgent need to implement public policies in this area. **3. Belo Horizonte, MG, presentation:** The goal here is to discuss a possibility of a scope amplification of the concept of psychosocial rehabilitation to psychosocial attention, without reduction of either one. It is considered that both concepts have in common the perspective of deinstitutionalization and the fact we have overcome the asylum model and biomedical psychiatric paradigm. Seeks, however, reflects on the differences of their focus: the first one placed on a person who lives in situations of exclusion, segregation or social stigma resulting from a 'disability' -immediately recognizable in the first concept. The second focus is on care strategies and practices as well as social inclusion in a broad and general sense to promote health. It is intended to support that a wider scope of the second over the first concept, which incorporates it, has a more radical impact on the traditional clinical, psychiatric and psychological paradigms over the social assistance paradigm. These conceptual distinctions will be illustrated through the analysis of a concrete experience: the implementation of mental health network for children and youth in the city of Belo Horizonte, Minas Gerais.

42969

NUOVE GEOGRAFIE DELLA SALUTE

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Obiettivi: Mostrare i passaggi teorici e pratici nella presa in carico psicosociale di famiglie migranti nell'interazione tra differenti dispositivi terapeutici Classici e Tradizionali presenti in terra di immigrazione. Individuare la presenza di forme di terapia tradizionale attivate in terra di immigrazione. Aprire una revisione del pensiero e del processo di cura per disegnare nuove frontiere tra differenti dispositivi di cura. **Disegno della ricerca e metodi:** La ricerca partecipata, attraverso un approccio fenomenologico e cross-culturale, coinvolge direttamente i pazienti (provenienti dall'area Sub-Sahariana), le comunità di appartenenza, i referenti delle comunità religiose, i mediatori culturali, i professionisti. Si focalizza

su studio di casi che coinvolgono servizi psichiatrici, psicosociali, educativi, riabilitativi, volontariato. Si espongono i dati relativi ad un terreno di ricerca che comprende zone ad alta intensità di immigrazione relative alla città di Brescia e Verona. La ricerca è iniziata sei anni fa con la compartecipazione degli enti territoriali impegnati nella salute mentale e nell'educazione e presenta l'utilizzo di strumenti innovativi.

Metodi: Gruppi di discussione misti con professionisti e pazienti, interviste semistrutturate rivolte agli attori della ricerca per individuare le differenti geografie della salute e analizzare le trasformazioni dei dispositivi terapeutici tradizionali esistenti in terra di immigrazione. **Risultati e conclusioni:** Viene presentato un dispositivo di analisi e di accompagnamento comunitario dei soggetti, itinerante e aperto, in grado di dare una mappa delle geografie della salute e visualizzare le relazioni di cura in una prospettiva di compresenza e complementarietà.

43014

MENTAL HEALTH CARE FOR PEOPLE WITH SEVERE MENTAL DISORDERS: WHAT HAVE WE LEARNED FROM INNOVATIVE REFORMS IN EUROPE?

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Across Europe, much effort has been made over recent decades to ensure high-quality longer-term care for people with severe mental disorders. At the same time, a significant number of studies brought important evidence supporting the need to shift from the model of care based on the traditional large psychiatric institutions to modern comprehensive community-based models of care, including acute patient units at general hospitals. However, despite the strong arguments and all these efforts, much more has still to be done if we want to provide accessible, effective and high quality longer-term mental health care to all people with severe mental disorders in Europe.

The main objective of the symposium is to discuss the contributions from mental health innovative service reforms for people with severe mental disorders developed in the last 20 years in England, France, Italy and Spain. The members of the panel will describe the main elements of the mental health services that were created and will discuss the main lessons that can be taken from those experiences for development of services in the future.

43151

THE LOCAL IMPLEMENTATION OF PSYCHOSOCIAL REHABILITATION POLICIES: THE EXPERIENCE OF SPAIN

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WAPR has contributed to create a wide consensus about the paramount importance of clearly focusing on the particular problems and specific needs of the severely mentally ill as part of the policy of mental health of all the countries. WAPR's policy and principles are implemented in each country by the local branches, and the way these policies can be implemented depends greatly on the local agreements among policymakers, professionals, families, consumers, and the rest of social stakeholders. The symposium will provide a number of snapshots about how these policies have been effectively promoted and implemented, with the contribution of the WAPR Spanish Branch, though a series of particular actions: national and local meetings, publications, websites, participations in expert groups, a national collaborative Observatory, interventions in the media, etc. A number of significant participants in the local actions in Psychosocial Rehabilitation will provide some brief views in different fields of action, as the result of an experience that can be shared with other branches. Some of these actions will be the contribution of FEARP to the inclusion of the mentally ill citizens in the group of the beneficiaries of the National Dependency System, the creation of a National Observatory in Psychosocial Rehabilitation, the contribution of NGOs, the intercooperation with other scientific organisations and the international cooperation. These views will be discussed openly with members of other WAPR branches.



43153

EL TRATAMIENTO ASERTIVO COMUNITARIO EN EUROPA

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Objetivos: la implantación en europa del tratamiento asertivo comunitario ha sido desigual tras su inicio en el reino unido. En la actualidad, varios países europeos cuentan entre sus dispositivos de salud mental con equipos de tratamiento asertivo comunitario que se caracterizan porque su lugar de intervención suele ser domiciliario y destinado a los pacientes más graves o con más dificultades para vincularse a los servicios de salud mental tradicionales. El primer congreso europeo de asertive outreach celebrado en Rotterdam reunió a equipos de 17 países. el II congreso se celebrará en Avilés, España, en Junio de 2013. Se muestra una visión pormenorizada del estado actual del tac en europa desde el modelo holandés y el modelo español y su relevancia en la intervención con primeros episodios y su especial facilidad para que la filosofía del recovery impregne sus intervenciones.

43373

RIPENSARE IL WELFARE LOCALE

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In questo momento decisivo per il welfare state in cui i bisogni di individui e comunità mutano velocemente e le risorse a disposizione sono sempre più esigue, questo incontro si pone come obiettivo il confronto e la condivisione di teorie e prassi che potrebbero aiutare l'identificazione di modelli potenzialmente in grado di rispondere ai cambiamenti attuali. L'idea è quella di un pluralismo di attori (gestori pubblici, privato sociale, fondazioni, volontariato) che agiscano verso lo stesso fine ma con ruoli e compiti ben determinati e distinti. In quest'ottica Il Bandolo rappresenta una sperimentazione in cui Ente pubblico (ASL torinesi), no profit (associazioni di volontariato e di familiari) e una Fondazione di origine bancaria (Compagnia di San Paolo) si incontrano dando luogo a interventi che mirano a migliorare la qualità di vita dei destinatari (pazienti con patologie mentali).

43374

THE GiSAS TRIAL: ARIPIPRAZOLE, OLANZAPINE AND HALOPERIDOL IN THE LONG-TERM TREATMENT OF SCHIZOPHRENIA

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Most randomized controlled trials (RCTs) in schizophrenia were conducted in centres of excellence on highly selected samples, poorly representative of real-world patients. Given the controversy about the comparative efficacy of first- compared with second-generation antipsychotics in the treatment of schizophrenia, more large-scale evidence is needed to guide clinicians in their prescriptions. The GiSAS trial was projected as a community effectiveness RCT in Italian community-based public psychiatric services. It is an open-label, independent, pragmatic study which primary aim is to compare the effectiveness of haloperidol, olanzapine and aripiprazole in a representative sample of patients meeting the DSM-IV criteria for schizophrenia. The primary outcome is staying on study drug without developing metabolic syndrome. Secondary measures include global functioning, time to discontinuation due to side-effects, change of lipid profile, extrapyramidal symptoms and other adverse effects. In the last four years, the GiSAS study group has been working to implement this multicenter RCT. 300 patients were randomly allocated to one of the study drugs and followed up for one year by 54 study investigators in 33 participating centers. A two-year observational phase is following.



43501

COOPERAZIONE SOCIALE ED ASSOCIAZIONISMO DI UTENTI, FAMILIARI ED OPERATORI NELLA SALUTE MENTALE: BUONE PRATICHE NELLA GESTIONE DI UN BENE COMUNE

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Ci si propone di presentare alcune esperienze di cooperazione sociale nell'ambito della residenzialità, degli interventi territoriali, degli inserimenti lavorativi e dell'inclusione sociale. Saranno presentate, in un dibattito a più voci, le attività svolte e le esperienze riabilitative utilizzate in ambito residenziale, lavorativo, di inclusione sociale ed attivazione di utenti, familiari e cittadini nella direzione di servizi appropriati, orientati all'innovazione e sostenibili. L'obiettivo del workshop è realizzare una riflessione sulla diffusione di un'idea positiva di salute mentale come oggetto di responsabilità collettiva che ci vede impegnanti nel restituire alla comunità le sue competenze (datori di lavoro, imprese, cittadini, volontari, vicini di casa,).

Video

40855

STIGMA E DISCRIMINAZIONE NEGLI STUDENTI DEI CDL IN PROFESSIONI SANITARIE: UNO STUDIO CON LO STIGMAQUEST

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Numerosi studi hanno dimostrato che lo stigma verso i malati mentali e gli specialisti della salute mentale è un fenomeno diffuso anche tra gli operatori sanitari. Carenze conoscitive sul tema nel percorso formativo degli operatori sanitari contribuiscono a sviluppare processi di stigmatizzazione verso coloro che soffrono di una malattia mentale. Il nostro studio ha indagato lo stigma che circonda le malattie mentali in una popolazione di studenti dei corsi di laurea delle professioni sanitarie. 240 studenti hanno compilato un questionario autosomministrato (Stigmaquest) per la valutazione della distanza sociale, del sistema di credenze e degli stereotipi verso la malattia mentale e le figure medico-professionali che se ne occupano. Sono stati individuati 5 atteggiamenti culturali dominanti (64 % della varianza totale) verso la malattia mentale 1) pericolosità, 2) desocializzazione intenzionale, 3) inettitudine lavorativa, 4) inutilità culturale, 5) debolezza morale. Gli specialisti della salute mentale sono stati descritti come 'eroi' dal 33% degli intervistati, 'socialmente utili' dal 18 %, 'contaminati' dal 7%, 'guardiani' dal 7%. Lo stigma nei confronti della malattia mentale è un fenomeno diffuso fra gli studenti delle professioni sanitarie. Lo Stigmaquest rappresenta uno strumento utile alla valutazione delle caratteristiche del fenomeno e della qualità dei percorsi formativi.

41126

TIRA TEIMA: EMPOWERMENT INTERVENTION ON PROSTITUTES AND TRANSVESTITES IN BRAZILVIEIRA F. ¹, AMORIM S.M.G. ², BRANCALEONI A.P.L. ³¹ Universidade de São Paulo, Ribeirão Preto, BRAZIL, ² UNIP - Universidade Paulista, Ribeirão Preto, BRAZIL, ³ UNESP - Universidade Estadual de São Paulo, Jaboticabal, BRAZIL

Objective: This video portrays an intervention program with transvestites and prostitutes with highly social vulnerability. The intervention aims to promote higher self-esteem, relief tension and identifying its components. **Design and Method:** The methodology used is that of Participative Methodology, which is about to seek the effective participation of the whole group on the process of empowerment and citizenship. Working with these groups means to promote opportunities of reflection and discussion on what is possible to do and what is not for changing their everyday lives. **Results:** This video comes from the group's need of sharing important aspects of their lives with the surround society. It shows them out of prostitution places, in their houses, with their difficulties and the prejudices they suffer. Feelings and emotions are brought to the group discussion making the collective construction of change possible. **Conclusions:** The video also works as a window to society to think differently about those individuals and maybe change their way of thinking about them promoting changes on exclusion mechanics.

41492

INSERIMENTO LAVORATIVO DI UN RAGAZZO CON X FRAGILE IN UN ASILO

FOLINO F.

Associazione Il filo dalla Torre Onlus, Roma, ITALY

Il presente lavoro ha l'obiettivo di presentare, soprattutto mediante l'ausilio di un filmato, l'inserimento lavorativo di un ragazzo con la sindrome dell'x fragile, in un centro educativo, per bambini normodotati, dai 16 ai 36 mesi. il video evidenzia quanto la disabilità, laddove si forniscono adeguati strumenti di comprensione e di integrazione (ad esempio ausili visivi) rappresenti, non un limite, ma una risorsa. in particolare il video evidenzia la capacità di questo ragazzo, che presenta anche un ritardo sul piano cognitivo e delle difficoltà nel linguaggio, sia in grado di svolgere una funzione da operatore e da animatore, non solo svolgendo delle mansioni di ordine pratico (sistemare i locali e preparare le attività per i laboratori, ma anche coinvolgendo i bambini ed insegnando delle regole importanti sia di comportamento che di relazione. la presentazione vuole essere un modo, per evidenziare quanto un limite, se si realizza un intervento adeguato, può diventare una risorsa e una possibilità di cambiamento e di crescita per l'intera comunità.



41540

FIORI DI CARTA: UNO SGUARDO INTORNO AL MONDO

DE DONATIS T.¹, TONDI I.¹, VIGILANTE R.¹, VIOLA M.¹, CESARI L.², SPAGNOLO L.², PALMARIGGI P.¹

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Fiori di Carta è una testata giornalistica che si presenta al pubblico in formato cartaceo e attraverso il web. La redazione del magazine è costituita in forma integrata, da Utenti dei Centri Diurni di Riabilitazione Psichiatrica, da operatori del Dipartimento di Salute Mentale dell'ASL Lecce, da volontari dell'Associazione dei Familiari che sostiene il progetto e da giornalisti professionisti. Obiettivo principale del progetto è quello di fornire agli utenti dei servizi psichiatrici degli strumenti e delle attività che li aiutino ad "esercitarsi" nel difficile compito di ristabilire relazioni sociali e ri-acquisire capacità aggredite dagli attacchi della malattia. Il gruppo opera attraverso la strutturazione di percorsi terapeutico-riabilitativi, sempre più tesi a migliorare la conoscenza di sé, l'espressione e l'elaborazione dei loro vissuti emotivi, cognitivi e relazionali, selezionando e programmando interventi a forte valenza sociale. Dall'analisi delle rubriche che strutturano il magazine, si evince un forte radicamento del giornale nel contesto di vita socio-culturale degli utenti. Questo radicamento offre la certezza che ogni articolo, ogni intervista, ogni riflessione scaturiscano da una spinta entusiastica dei giovani redattori ad esplorare il mondo esterno con una lente speciale, costruita attraverso un difficile percorso di ri-appropriazione di una identità e, in fondo, di diritti che temevano di aver inesorabilmente perduto. L'organizzazione dei menabò di ogni singola pubblicazione segue tematiche che legano territorio, personaggi ed eventi socio-culturali ad un filo invisibile di integrazione sociale che, attraverso il protagonismo della narrazione sposta l'attenzione sull'individuo non più oggetto del discorso, ma soggetto dello sguardo che racconta.

42801

REFLECTIONS ON PSYCHOSOCIAL REHABILITATION OF HOMELESS MENTALLY ILL IN INDIA: CASE STUDIES

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This video presentation would focus on five case studies on the process of rehabilitation of homeless mentally ill people in India. World Mental Health surveys in over two dozen countries have reported that between one in four to one in six individuals will experience a mental disorder in their life time (WHO, 2004, Kessler et al, 2007, Bademath et al, 2007). The scarcity of resources in developing countries results into an improper and inadequate care of persons with severe mental disorders and this can lead to homelessness (Jacob, K. S., 2007). Homeless mentally ill individuals reflect the limited mental health care available in the public sector, the lack of coordination of different caring groups, the absence of a welfare system to meet the needs of mentally ill individuals and their families (Sheth, H.C., 2005). In order to address the growing needs for mental health care as well as the limited number of professionals available in all countries, there is a need to include alternative and innovative ways of sharing caring responsibilities (Murthy, 2008) with greater utilization of community resources (WHO, 2006). This video presentation depicts case studies of five persons with schizophrenia attending an innovative low-cost community based rehabilitation model for homeless mentally ill in Kerala, India. The cases depicted are recorded from the Mariasadnam Psychosocial Rehabilitation Centre in Kerala, India. All participants were wandering in the streets and were admitted to the rehabilitation centre by community volunteers. The case studies depict basic assessment at the time of admissions and the rehabilitation process adopted. The outcomes of rehabilitation including efforts for family reintegration are discussed. The informed consents of the persons involved were taken before video recording.



42830

ESPERIENZE DI GUARIGIONE ATTIVITÀ DI VOLONTARIATO PER UNA PARTECIPAZIONE ATTIVA ALLA COMUNITÀ*BONERA S. ¹, CIRLA R. ¹, SFORZINI I. ¹, CARPINO L. ¹, TICOZZI F. ², FERRARI E. ¹*¹ Cooperativa Sociale Casa del Giovane, Pavia, ITALY, ² La Città Incantata, Produzione Audiovisive, Pavia, ITALY

Obiettivi: trasmettere attraverso un documentario le attività di integrazione e volontariato svolte dai pazienti all'interno del progetto innovativo per diffondere il modello riabilitativo e abbattere lo stigma sulla salute mentale. **Materiali e metodi** Il documentario segue alcuni percorsi umani che si sono creati all'interno del progetto di Volontariato in città proposto tra le attività del Progetto innovativo finanziato da Regione Lombardia presso il Centro diurno per la salute mentale della Casa del Giovane di Pavia. Alcune brevi storie che possono da un lato illustrare in cosa consiste concretamente l'attività, dall'altro svelare l'arricchimento umano e il mutamento della propria realtà da parte degli utenti. I soggetti sono stati seguiti discretamente, ma costantemente, durante la loro attività di volontariato, cercando, attraverso il linguaggio audiovisivo, di evidenziare i delicati rapporti creati tra "utenti" e "utenti degli utenti". Inoltre si è cercato di spiegare il progetto nella sua totalità, intervistando anche gli ideatori e gli educatori di tale percorso di vita.

Risultati: il video è semplice ed efficace e trasmette "dal vivo" le esperienze e le emozioni condivise dagli ospiti

Conclusioni. La proiezione del video in vari contesti ha mostrato la sua efficacia e attiva interesse e sensibilizzazione.

Speakers' Corner

38921

IL RUOLO DEL TEATRO DI COMUNITÀ NEI PROCESSI DI INCLUSIONE SOCIALE

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Si evidenzierà il ruolo innovativo del teatro di comunità nei processi di inclusione sociale delle persone con disturbi mentali. Acquisita l'importanza delle pratiche teatrali in ambito terapeutico, ne verranno analizzate le potenzialità 'in uscita', nella fase di incontro con il territorio e la comunità, rafforzando nelle persone capacità resilienti di tipo affettivo e cognitivo, con ricadute positive in termini di empowerment relazionale, identità e inclusione. Si partirà dal ruolo strategico che in questi anni il teatro di comunità ha assunto nella configurazione di nuove prospettive di aggregazione sociale fondate sul bisogno di ridefinire, in uno scenario frammentato e iperindividualizzato, ambienti solidali basati sul dialogo, la partecipazione e la comunicazione interpersonale. Aspettative partecipate da una fascia ampia e diversificata di popolazione, a cui l'esperienza teatrale può rispondere efficacemente in termini di creatività e progettualità sociale, coinvolgendo, nella medesima prospettiva integrata, anche le fasce deboli del disturbo mentale. Si analizzerà poi il modello aperto della performance come pratica spettacolare funzionale a declinare nel contesto sociale gli orizzonti di attesa condivisi, privilegiando, per la sua valenza ritualizzante e inclusiva, la drammaturgia della festa. Infine alcune indicazioni finalizzate a promuovere rapporti istituzionali di rete tra organizzazioni teatrali, presidi socio sanitari territoriali ed enti locali.

40331

RÉSILIENCE. POUR UN RENOUVELLEMENT DES PRATIQUES CLINIQUES ET ORGANISATIONNELLES EN READAPTATION

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Les personnes nécessitant des services de réadaptation à cause d'incapacités et leurs proches font face à des transformations personnelles et à des deuils importants sur les plans personnel, familial, professionnel, et du sens de leur vie en général. Pour beaucoup, cette remise en question est douloureuse et s'accompagne de difficultés psychologiques. L'absence de sens à sa vie amène bien souvent la personne à se désengager de ses occupations et responsabilités; cela constitue un obstacle majeur à la réussite du processus de réadaptation. Voilà pourquoi le concept de résilience a de plus en plus sa place dans le domaine de la réadaptation physique. La résilience est, selon les auteurs, définie de diverses manières, par fois comme un ensemble de caractéristiques personnelles, comme un processus ou un résultat. Notre groupe de recherche, le GIRAFE-CRIR (Groupe interréseaux de recherché sur l'adaptation de la famille et de son environnement du Centre de recherché interdisciplinaire en réadaptation) propose une définition de la résilience et des concepts qui la sous-tendent, tels que ceux d'empowerment, d'autodétermination ou de partenariat, résultant d'une recherche-action sur l'intégration de ce concept dans les pratiques cliniques et organisationnelles de deux centres de réadaptation québécois.

40623

L'INNOVAZIONE NELLA PROGETTAZIONE E REALIZZAZIONE DI INTERVENTI ORIENTATI ALL'ATTIVAZIONE DI UNA RETE DI RELAZIONI E AL RECUPERO DI RUOLI SOCIALI

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Oggetto: Il lavoro si propone di condividere un'esperienza in cui un servizio progetta e realizza interventi orientati al recupero di ruoli sociali e ad attivare una rete di relazioni. **Metodologia:** Creare laboratori che beneficino di incentivazione economica quale percorso per il recupero e attivazione di abilità lavorative. I laboratori e le attività hanno l'obiettivo di coinvolgere risorse del territorio, associazioni e volontari che condividono il progetto di integrazione sociale. **Risultati:** Le attività sono concordate con interlocutori presenti nel territorio di pertinenza del servizio, allargando l'orizzonte degli interventi



possibili, immergendo gli utenti in contesti naturali di integrazione sociale. Ogni attività ha creato una rete di relazioni esterne al circuito. Gli utenti hanno così l'opportunità di spendere progressivamente queste esperienze anche in assenza degli operatori. **Conclusioni:** Il modello gestito all'interno di una rete flessibile di servizi, di co-progettazione tra Pubblico e Privato, permette di orientare il servizio integrando i principi di recovery per utenti con diagnosi particolarmente debilitanti sul versante delle prestazioni sociali. Il servizio accompagna l'utente in un percorso in cui si può sperimentare, riconoscere ed essere riconosciuto; crea collaborazioni con interlocutori della comunità; utilizza i contesti naturali come condizione favorente lo sviluppo dell'empowerment e la riduzione dello stigma.

40842

INSERIMENTO LAVORATIVO, RIABILITAZIONE PSICOSOCIALE E RETE SOCIALE: APPROCCI E DISTANZE TRA DUE ESPERIENZE BRASILIANE E UNA ITALIANA

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Obiettivi: identificare i concetti del lavoro elaborati da utenti dei servizi di salute mentale coinvolti in progetti di inserimento lavorativo e investigare se questi utenti creano una relazione tra il lavoro e la sua rete sociale. **Disegno e metodi:** Hanno partecipato allo studio quindici utenti coinvolti in progetti di inserimento lavorativo. Il contesto dello studio sono stati due progetti realizzati in Brasile e una cooperativa sociale italiana. Per la raccolta dei materiali si è usata l'intervista semistrutturata. Il materiale empirico è stato sottomesso a una Analisi Tematica. **Risultati:** I risultati hanno dimostrato che nella concezione dei soggetti il lavoro è una importante risorsa per un'emancipazione sociale, che promuove l'autoconoscenza e l'autorealizzazione e aiuta a diminuire i momenti de ozio. Si è osservato che il lavoro promuove l'espansione della rete sociale della maggioranza dei soggetti. Gli utenti soci della cooperativa hanno dimostrato maggiore autonomia in relazione al lavoro e alla propria vita. **Conclusioni:** Si indica l'importanza di considerare l'opinione degli soggetti sociali compromessi nei processi di inserzione sociale in riferimento al posto che occupa il lavoro in questi processi. È evidente la rilevanza di queste opinioni nella proposta di politica pubblica così come nella pianificazione di progetti di inserimento lavorativo.

40923

L'AFFIDO ETEROFAMILIARE ASSISTITO PER PAZIENTI CON DISAGIO PSICHICO: LE ESPERIENZE DI MONZA (SO-STARE CON VOI) E DI BERGAMO (LA CASA ABITATA - LA FAMIGLIA CHE CURA)

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Il progetto di affido etero-familiare per persone con disagio psichico nasce dalla necessità di trovare soluzioni alternative ai ricoveri in comunità e offrire la possibilità di vivere relazioni affettivamente intense e positive, usufruendo di opportunità offerte dalla rete parentale delle famiglie coinvolte e dalle risorse del territorio. Evitare la collocazione di tali pazienti in comunità psichiatriche consente non solamente l'eliminazione di ricoveri impropri, ma anche consistenti risparmi di risorse economiche e sociali, nonché il coinvolgimento della comunità locale che si avvicina in modo più naturale, nella quotidianità di vita, a situazioni usualmente stigmatizzate. Tale progetto nasce dalla collaborazione tra Privato Sociale e Servizio Pubblico, che collaborano congiuntamente alla realizzazione del progetto. **Obiettivi:** realizzare l'inserimento di pazienti psichiatrici in famiglia; creare una rete integrata e stabile di operatori del servizio pubblico/ privato sociale; favorire la lotta allo stigma diffondendo sul territorio una cultura dell'accoglienza; la fruizione ai pazienti psichiatrici del diritto di cittadinanza. **Metodologia:** segnalazione/valutazione; abbinamento paziente/ famiglia; affido part-time/full-time; firma contratto/ regolamento; supporto domiciliare; verifiche ospite/famiglia/servizio; gruppo famiglie affidatarie. **Risultati.** Nel corso degli anni 2007/2012, Bergamo e Monza, hanno realizzato complessivamente: 82 affidi (Full time: 22, Part time: 60). Riduzione del numero delle giornate di degenza in SPDC/strutture psichiatriche. Coinvolgimento della comunità locale/lotta allo stigma. Costo medio al giorno a persona/ affido: Full time € 62,87; Part time € 40,73.

41233

PASSER D'UNE CULTURE D'INVALIDITÉ VERS UNE CULTURE AXÉE SUR LES FORCES DANS UNE PERSPECTIVE PSYCHOÉDUCATIVE ET D'INTÉGRATION AU TRAVAIL

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Le regard porté sur les limitations fonctionnelles se veut souvent l'angle d'évaluation prise pour amorcer une phase de réadaptation. L'écart entre un statut fonctionnel antérieur et les limitations actuelles peut sembler un immense vide, voire un vide impossible à combler. Alors, comment peut-on appliquer les principes et valeurs du rétablissement pour passer d'une culture d'invalidité vers une culture axée sur les forces? Comment ajuster nos pratiques d'évaluation psychoéducatives et d'insertion en fonction du processus de rétablissement de la personne? Dans le champ de l'intégration au travail, il est généralement reconnu que l'évaluation des limitations fonctionnelles ne s'inscrit pas comme un réel prédicteur de la capacité de travail d'un individu. De plus, la présence d'un filet de sécurité sociale basée sur l'invalidité maintient souvent la personne dans un état de passivité. Comment se rétablir malgré tout? Axer nos interventions psychoéducatives sur les forces de l'individu semble être le facteur gagnant d'une réintégration socio-professionnelle réussie. Un changement de paradigme qui nécessite un changement de vision, un changement des pratiques pour favoriser un impact réel sur la trajectoire de l'individu en phase de réadaptation.

41548

LE CARREFOUR COMMUNAUTAIRE-INSTITUTIONNEL-USAGERS: ESPACE D'ÉCHANGE DE SAVOIRS POUR TRANSFORMER LES SERVICES DE SANTÉ MENTALE

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L'implication des utilisateurs de services dans la planification, l'organisation, l'implantation et l'évaluation des services en santé mentale est désormais un enjeu incontournable. Dans ce contexte, les fournisseurs de services doivent apprendre à dialoguer avec les usagers pour mieux les accueillir dans les lieux décisionnels, et ceux-ci doivent développer des moyens de faire part de leurs besoins et des changements qu'ils désirent, dans un climat collaboratif et productif. Le Carrefour Communautaire-Institutionnel-Usagers propose un espace de dialogue pour développer cette capacité à travailler ensemble, de manière égalitaire, en suscitant la participation citoyenne de chacun à titre d'agent multiplicateur dans son milieu. Les utilisateurs de services sont au centre de cette démarche, afin de tenir compte des différents rôles qu'ils peuvent jouer dans l'amélioration des services. Usagers, proches et intervenants explorent et documentent ensemble les modèles d'organisation des services, les initiatives prometteuses ainsi que les avantages et obstacles à l'implication des usagers dans l'organisation des services. À partir des informations échangées et des réflexions partagées, les participants informent et sensibilisent leur milieu respectifs, devenant des agents de changement pour faire évoluer le système de santé mentale québécois. Des évaluations annuelles ont permis de documenter les résultats de cette démarche, les ingrédients essentiels à son bon fonctionnement et les ressources nécessaires à son implantation, qui seront exposés lors de cette présentation.

42537

PSICOMOTRICITÀ E BUONE PRATICHE: VISSUTO CORPOREO E FORMAZIONE DELLO PSICOMOTRICISTA

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Obiettivi. L'obiettivo della comunicazione è riportare l'esperienza, ventennale, maturata nella formazione degli psicomotricisti al riconoscimento e alla gestione dei vissuti corporei che si manifestano all'interno della terapia psicomotoria. **Disegno e Metodi.** L'acquisizione di queste competenze è resa possibile dalla sommatoria tra formazione personale al vissuto corporeo, pratica clinica e supervisione dell'attività con particolare attenzione ai processi di coscientizzazione. In questo lavoro verrà riportato,



a titolo esemplificativo, il percorso formativo di un gruppo di operatori della relazione d'aiuto al proprio vissuto corporeo. **Risultati.** L'analisi del percorso effettuato consentirà di qualificare e quantificare le modificazioni dei partecipanti nella capacità di cogliere i propri movimenti emozionali, espressi attraverso il corpo, e di rendere coscienti le diverse manifestazioni del vissuto corporeo. **Conclusioni.** La formazione degli operatori costituisce una base imprescindibile alla buona pratica clinica e terapeutica e la formazione al vissuto corporeo costituisce, a nostro parere, un requisito sostanziale e sostanziante l'applicazione delle tecniche a mediazione corporea in ambito terapeutico – riabilitativo.

42578

PSICORADIO: CRONACA DI UN'ESPERIENZA

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Obiettivi. Psicoradio è un programma settimanale, in onda a Bologna (su Radio Città del Capo) e sul territorio nazionale (su Popolare network), una testata radiofonica con una redazione composta da 13 pazienti del Dipartimento di salute mentale di Bologna e da operatori della comunicazione, un sito web (www.psicoradio.it), un percorso formativo che produce apprendimento sulla comunicazione e sulle tecniche radiofoniche. Le finalità sono: terapeutiche-riabilitative, di professionalizzazione e creazione di opportunità lavorative, di cambiamento culturale, di promozione della salute, di sensibilizzazione della comunità e di lotta allo stigma. **Metodi.** 1. Formazione diretta da professionisti della comunicazione; 2. Progetto editoriale che si confronta con la comunicazione radiofonica nazionale e produce programmi per un ampio pubblico; 3. Redazione formata da pazienti e operatori della comunicazione; 4. Operatore sanitario presente in modo flessibile e conduttore una volta alla settimana di un gruppo sulle dinamiche e i problemi legati al lavoro. **Risultati.** Culturali e di sensibilizzazione della Comunità; terapeutici-riabilitativi-abilitativi per i pazienti redattori, con attenuazione dell'espressione clinica dei sintomi e diminuzione degli episodi di crisi, miglioramento dell'autostima, aumento delle competenze cognitive, intellettive, comunicative; miglioramento della qualità della vita e delle capacità relazionali e maggiore integrazione sociale; professionalizzazione. **Conclusioni.** Una caratteristica del lavoro di Psicoradio è che i pazienti, nel trattare argomenti legati alla sofferenza psichica, devono compiere un complesso processo di distanziamento dal proprio vissuto per poterlo rielaborare con strumenti giornalistici e culturali in forma di comunicazione radiofonica; nel farlo, la loro identità si sposta da paziente a giornalista.

42623

CARE FOR CAREGIVERS

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Objective: Bipolar disorder influences patients and relatives' lives. Assisting relatives indirectly helps patients by improving coping styles and lowering levels of expressed emotions. The present study investigated needs, requirements and opportunities for a new intervention for bipolar patients and relatives, by reviewing literature and exploring views from practitioners, patients and relatives. **Methods:** All 10 practitioners at an outpatient clinic specialized in the treatment of bipolar disorder were individually interviewed using a semi-structured design. 14 patients and caregivers participated in group interviews. An extensive literature study investigated existing information. Interviews and focus groups were transcribed, coded and analyzed. **Results:** For patient systems most important needs are psycho-education, specifically about distinguishing normal and episodic behavior, sharing experiences, problem solving skills, help with communication and interaction within the patient system, and help with communication about the disorder with outsiders. An additional intervention goal would be decreasing the focus on the disorder. Practitioners, patients and relatives stress that the intervention should be limited in time, and suggest 8 sessions. **Conclusions:** Patients and relatives often experience a need for help with communication and interaction. This study recommends an intervention that brings together multiple patients with relatives, as a sequel to the psycho-education course.

42919

FAMIGLIE, PAZIENTI E SERVIZI: STRATEGIE DI EMPOWERMENT IN UNA STRUTTURA SEMIRESIDENZIALE IN UN HINTERLAND METROPOLITANO

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L'intervento multifamiliare che andiamo a presentare prende forma all'interno di una generale riflessione sull'importanza del coinvolgimento attivo dell'utenza nella programmazione delle attività di un servizio territoriale semiresidenziale quale il CD. Si è partiti dall'analisi di alcune criticità (stalli progettuali, discrepanza fra gli stili comportamentali di operatori e familiari, scarsa generalizzazione delle competenze apprese, ambivalente riconoscimento del livello di autonomia raggiunto dai pazienti) per rispondere alle reiterate richieste di supporto da parte dei familiari, con la finalità di promuovere l'empowerment. L'intervento ha come protagonisti 27 utenti ed i rispettivi nuclei familiari in carico presso il CD dell'UOP 40 di Cinisello Balsamo, con diagnosi prevalente di schizofrenia. Tra gli obiettivi: -definire un intervento di rete in grado di accogliere ed elaborare le criticità; - offrire uno spazio di riconoscimento reciproco delle abilità; -sostenere la partecipazione attiva di pazienti e familiari alle diverse fasi del lavoro riabilitativo, spostando l'attenzione su indicatori di competenza e responsabilizzazione. Sono previsti una fase consulenziale, incontri gruppalmente ed una partecipazione dei familiari alle attività riabilitative. Seppure dal 2009 ad oggi rileviamo una dispersione di circa il 40%, nel tempo si è creato un gruppo stabile di 12 famiglie, che partecipa alla progettazione di attività risocializzanti e di gruppi tematici aperti all'utenza, così come alle riunioni d'équipe.

42962

STRATEGIE PER IL RIPRISTINO DEL CORPO IN SALUTE MENTALE

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Obiettivo: analizzare e discutere le strategie per il recupero del corpo in salute mentale. **Struttura e metodo:** le varie forme di realizzazione del lavoro nella salute mentale rispondono alla necessità di adattamento delle tecniche psicoterapeutiche alle condizioni indotte da variazioni nella società. Invece di considerare il soggetto semplicemente come oggetto di intervento, con le relative gravi conseguenze per il corpo e la soggettività, la prassi sviluppata nel campo della salute mentale prende una direzione diversa dagli stereotipi della vita nelle istituzioni. Nell'introdurre l'attribuzione soggettiva come principio guida nella pratica, abbiamo l'intenzione di esaminare in che modo i dispositivi di cura riescono a produrre degli effetti nel processo di ricostruzione del corpo. **Risultati e conclusioni:** la nuova pratica che viene messa in atto nel campo della salute mentale promuove riarrangiamenti nelle modalità di relazione del soggetto con la società. La pluralità dei dispositivi di cura ha come obiettivo l'inclusione di vari processi di soggettivazione. Il pensiero, il corpo e l'immagine sono elementi che si compongono in un insieme e la loro disarticolazione risulta nella incapacità di vivere il proprio corpo. Nuove composizioni appaiono come risposte ed hanno effetti sul rapporto del soggetto con il mondo.

43021

CORPS ET NARRATIVE: LE POINT DE VUE DES UTILIZATEURS DE SERVICES DE SANTE MENTALE

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Objectif: décrire l'expérience des utilisateurs de services de santé mentale vis-à-vis du corps propre avant l'éruption de leur premier épisode psychotique, retraçant les expériences qui précèdent la maladie. **Conception et méthode:** Il s'agit d'une étude clinique qualitative liée à une étude multicentrique menée en partenariat entre des universités brésiliennes (UFRJ, UNICAMP, UFF et UFBA). La collecte des données a eu lieu grâce à l'observation participante, des entretiens semi-structurés et des groupes de discussion, qui ont été enregistrés sur bande audio, transcrits, codés et analysés. **Résultats:** Les récits présentent des caractéristiques particulières vis-à-vis à la forme de sa construction : multiples références à des noms de rues, quartiers, écoles, commerces, centres religieux, itinéraires d'autobus



sont utilisés comme moyens de trouver des balises qui aident à organiser l'histoire qui commence à être racontée. Les utilisateurs signalent la présence d'expériences qui montrent un malaise diffus, ainsi que des difficultés dans l'accomplissement des activités quotidiennes comme le sommeil, la lecture ou d'accompagner un film. Des modifications sont décrites dans la sensation des limites du corps, de sa propre identité et dans l'affectivité. Des problèmes de santé physique sont utilisés pour construire une théorie de la cause de la maladie. **Conclusion:** L'exercice narratif permet de cartographier et de localiser des petits points d'une histoire, commençant un travail de reconstruction de la période antérieure à la première crise. Cette approche du corps permet, dans l'après coup, un accès à la façon dont les diverses dimensions de la vie quotidienne sont inscrites. L'exercice narratif affecte la façon dont les expériences sont vécues, fournissant une prise de position qui a des effets dans la relation corps-monde.

43046

MEDICINA COMPLEMENTARE IN PSICHIATRIA. UNO STUDIO NATURALISTICO SU VENTI CASI ESAMINATI IN UN'OTTICA ANTROPOANALITICA SVOLTO PRESSO L'UNITÀ OPERATIVA DI PSICHIATRIA 42 (AO G. SALVINI) E L'UNITÀ OPERATIVA DI PSICHIATRIA 46 (AO NIGUARDA)

BALZOLA M., SAVINO C.

A.O. G. Salvini di Garbagnate, ITALY; Cooperativa Lotta contro l'Emarginazione di Sesto San Giovanni, ITALY

Obiettivi: L'obiettivo è quello di descrivere l'uso complementare della medicina allopatrica e non convenzionale per rispondere al disagio psichico, all'interno del servizio pubblico. **Disegno e metodi:** L'orientamento è quello della psichiatria antropoanalitica, della Daseinsanalyse. Questa riconosce il tema esistenziale delle persone e le possibili sue manifestazioni. Così è possibile dare una visione della malattia collocata nella sfera dell'esistenza come possibilità dell'essere, uscendo dalla concezione nosografica e/o biologica, analizzando la percezione di cura attraverso l'analisi sociologica. **Risultati:** Si riportano i dati qualitativi emersi dalla ricerca rispetto alla percezione della qualità della cura in due servizi territoriali del milanese per la salute mentale, in uno si utilizza solo la medicina allopatrica e l'altro offre un approccio integrato di medicina allopatrica e medicine non convenzionali. Si opera un confronto tra le due esperienze di cura. **Conclusioni:** Si approda a una lettura della relazione di cura e per reinventare in psichiatria un modello di salute centrata sulla persona, per una medicina sostenibile e trasparente al fianco del cittadino, interrogandosi sulla necessità di unità operative integrate (Medicina allopatrica e Medicina Complementare), nonché da unità epidemiologiche e di ricerca mirate all'analisi dell'interazione tra le diverse medicine.

Thematic Sessions

Physical health and mental disorders

41290

SOCIAL-PSYCHOLOGICAL TRAITS IN PREGNANT WOMEN WITH CHRONIC VIRAL HEPATITIS C

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Objective: to study social and psychological status in pregnant women with chronic viral hepatitis (CVH) C. 103 pregnant women with CVHC were under our observation. Middle age of women was 28,04±4,82 years. CVHC has been revealed for the first time during pregnancy in 88 of 103 women (85,4%). Majority of pregnant women with CVHC (58,3%) belonged to “working population”. Secondary and secondary-special education (61,2%) predominated. Among pregnant women with CVHC employees have constituted 38,8%, workers - 9,7%, medical workers - 4,9%). The basic portion of pregnant women among “not working population” was constituted by housewives (36,5%), small part - students (4,9%). Evaluation of psychological status has been conducted in 72 pregnant women with CVHC (out of them 9 women have been examined for the second time). For this purpose we used Hamilton Anxiety Scale. Investigation in the 1st trimester was conducted in 4 women, in the 2nd trimester - in 29 and in the 3rd trimester - in 48 women. Mean level of anxiety according to Hamilton Scale in pregnant women with CVHC in the 1st trimester has constituted 16,3 scores, in the 2nd trimester of pregnancy 13,2 and the 3rd trimester 9,0 scores. In the 1st trimester the highest one was level of somatic anxiety constituted 9,3 scores, the second one in significance was level of mental anxiety (6,3 scores). In the second trimester of pregnancy level of mental anxiety predominated - 7,1 scores, with level of somatic anxiety decreased in 2,1 times. In the third trimester we have noticed lower levels of mental and somatic anxiety - 4,4 and 3,5 scores, respectively. Neuro-vegetative anxiety have been expressed insignificantly in 1st, 2nd, 3rd trimesters and has constituted 0,7; 1,7; and 0,8 scored, respectively. Thus, chronic viral hepatitis C revealed for the first time in most women during pregnancy is a stressogenic factor for pregnant woman is combined with heightened level of mental and somatic anxiety, especially in 1-3rd trimesters and requires conducting of psychotherapeutic correction and these factors are a basis for complex psychosocial rehabilitation.

42891

ANXIETY AND SELF-ESTEEM IN DIABETES SUFFERING PERSONS: TARGET PATIENTS FOR PSYCHOTHERAPY

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Objective: The prevalence and incidence of diabetes is continuously growing, actually affecting 366 million persons all over the globe. This diagnosis does affect not only the whole body but also the level of anxiety and self-esteem, thus contributing to the stigma of the so-called “diabetic” person. This study tries to detect the target persons with diabetes that do need psychotherapy sessions the most, in order to reduce the anxiety level and enhance the self-esteem level. **Design and Method:** 58 persons with diabetes, 24 males and 34 females, aged between 16 and 77 years old, were interviewed using the Beck Anxiety Inventory and the Rosenberg Self-Esteem Scale. The patients were divided in groups according to: -Gender (females vs. males). -Age (16-50 years old vs. 51-77 years old).-Lifetime with diabetes (diabetes from less than 10 years vs. diabetes from more than 10 years). -Insulin therapy from the beginning vs. insulin therapy after using oral antidiabetics therapy first. -Insulin therapy from less than 1 year vs. insulin therapy from more than 1 year. **Results:** It resulted that: -Females had 20% higher level of anxiety and 10.4% lower level of self-esteem compared to males. -The older group (51-77 years old) had 6.1% higher level of anxiety and 0.3% lower level of self-esteem compared to the younger group (16-50 years old). -The persons affected by diabetes from more than 10 years had 7.7% higher level of anxiety and 0.2% lower level of self-esteem compared to persons affected by diabetes from more than a decade. -The persons treated with oral antidiabetic drugs, that afterwards went on insulin therapy, had 30.4% higher level of anxiety and 9.3% lower level of self-esteem compared to patients treated



with insulin from the very beginning. -The persons treated with insulin therapy from more than 1 year had 6.1% higher level of anxiety and 0.8% lower level of self-esteem compared to the group treated for more than 1 year with insulin therapy. **Conclusions:** According to these results, we figured out the major targets of the two investigated issues: -Anxiety - The major target for psychotherapy is a female, older than 50 years, affected by diabetes from more than 10 years, first treated with oral antidiabetic drugs and afterwards treated with insulin therapy, and treated with insulin from more than 1 year. This target patient has an accumulative 89.1% higher level of anxiety compared to the patients belonging to the opposite groups. -Self-esteem - The major target for psychotherapy is a female, first treated with oral antidiabetics and afterwards treated with insulin therapy, with an accumulative 20.6% lower level of self-esteem compared to the patients belonging to the opposite groups. Age, lifetime with diabetes and time on insulin therapy had an insignificant impact on self-esteem level.

42937

COPING WITH PSYCHOSOMATIC PROBLEMS OF YOUNGER POPULATION IN SIBERIA

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Objective: study of nosological structure of mental disorders associated with somatic diseases with distinguishing of basic pathogenetic factors and development of stepwise therapeutic programs. **Materials and methods:** analyzed material - 2010 persons seeking for psychiatric help at primary care unit. Factorial analysis has identified the most significant factors (somatic-vegetative, psychopathological syndromes, somatic pathology, age peculiarities) in formation of combined mental and somatic diseases. With account for specifics of the contingent of patients, age structure, therapeutic-diagnostic complex of general primary care unit we have developed stepwise rehabilitative programs. **Results:** we have distinguished basic stages of therapy: initial, basic and maintenance. We have developed and introduced rehabilitative programs: for patients with neurotic disorders, organic mental disorders, personality disorders, affective disorders, alcohol dependence, and separately for persons of younger and elder age. We have structured basic principles of rendering of medical assistance – complexity, sufficiency, individual-differentiated approach, continuity, cooperativeness. **Conclusions:** use of base of general somatic primary care units, integrative approach during rendering of specialized psychiatric assistance to patients with mental disorders appeared to be most effective and lesser economically expensive as compared with institutional assistance at a profile institution. Of special relevance were psychological-psychotherapeutic programs for schoolchildren from senior grades in the period of relevance of disadaptive factors such as choice of profession and call-up age.

Psychotherapy in rehabilitation programs

35102

INDEPENDENT LIVING AND JAPANESE PSYCHOLOGICAL REHABILITATION: A FAMILY BASED PROGRAM FOR PEOPLE WITH DISABILITY

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Psychologists have contributed to programs that are helping people change their feelings, emotions, and behavior instead of just suppressing symptoms. There have been lots of improvements in psychological interventions working with people with disability and serious mental disorders. In particular, a number of treatment programs are drawing on the work of psychologists and their method encourages people to learn about their own body and mind and demonstrate social skills that allow them to function in a community. Although the process of rehabilitation has traditionally been viewed as 'physical' in nature, it is now considered a multi-faceted process involving not only the services of therapists but also exercise psychologists. Japanese psychological rehabilitation (Dohsa-Hou) is one of these programs. The purpose of this article is to review and to prospect the development of Dohsa-hou from historical overview. The

article will cover historical review, Dohsa training method, Dohsa training through camp (which includes Dohsa-hou techniques training; Group activity/psychotherapy; parents counseling; daily life guidance for children; and therapist training), Dohsa applications to Children with cerebral palsy, autistic, hyper activity, schizophrenia, Down's Syndrome, mental retardation, and aged people with physical disability, and domestic - international intensive workshop camps.

37896

INDIVIDUAL PSYCHOTHERAPEUTIC TREATMENT IN COMMUNITY-BASED REHABILITATION

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Objective. In our service we understand that a way to complement and integrate the progress of the user in the rehabilitation treatment is holding, at the same time, a more cognitive behavioural therapy perspective in a primarily group approach and an individual psychotherapeutic approach. **Design and Method.** The individual psychotherapeutic intervention focuses on the integration of the changes the patient undergoes in rehabilitation treatment. We have identified two possibilities of individual psychotherapeutic approach: In patients with less insight capability or greater degree of difficulty, where more directive action takes place. And for patients with greater insight capability and change predisposition, where the approach will be more intense working. **Results.** Our work strives to describe the kind of individual intervention carried out by our service, defining the different therapeutic factors involved. We will use the results from the common scales of service to assess the evolution of patients treated with an N = 108. **Conclusions:** To review and define therapeutic factors involved in the individual treatment and the evolution of the users from a rehabilitation service and raise the usefulness of psychotherapy Psychodynamics of support as one tool to take into account in the process of the patient.

40864

AN EXPERIMENTAL INVESTIGATION IN THE COMBINED EFFECTIVENESS OF GROUP AND INDIVIDUAL PSYCHOANALYTIC PSYCHOTHERAPY WITH PHARMACOLOGICAL TREATMENT WITHIN A RESIDENTIAL CARE SETTING

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Objective. Community Housing and Therapy (CHT) is a voluntary sector organisation whose mission is to make psychological treatment available to those who suffer from acute mental ill health by combining psychotherapy and rehabilitation. CHT treats around 150 people a year across six residential centres. Its clinical interventions are delivered by a staff team of 45 psychologists and psychotherapists and are based around group and individual psychotherapy, combining a psychoanalytic model, psychosocial interventions, and a therapeutic community modality. **Design & Methodology.** The study comprised a naturalistic, quasi-experimental investigation of the clinical outcomes for CHT clients between 2007-2011 using a variety of self-assessment and clinician-assessment tools. All clients entering one of CHT communities were given the option of participating in the research. All participants were administered research questionnaires at three month intervals. The questionnaires were divided in the following areas; 1) Measure of Therapeutic Programme and Environment, 2) Static Measures of Patient Group Psychopathology, 3) Dynamic Measures of Therapeutic Change and Outcomes, and 4) Ultimate Outcomes. **Results.** Current results of the study suggest that all measures were in the desired direction (less pathology or fewer social problems). Evidence for overall improvement in client functioning and psychological wellbeing suggest that clients finishing treatment experienced improvement in their overall level of functioning. **Conclusions.** Clients in CHT's therapeutic communities experience similar presenting difficulties to that of a psychiatric outpatient group. Additionally, within the sample comorbidity of PDs was found to be comparable to that of a psychiatric inpatient group. Overall, clients entering treatment in CHT were found to display overall positive improvement according to three of four psychometric tools measuring psychological and social functioning during the period of treatment.



Evidence resistant schizophrenia

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EVIDENCE RESISTANT SCHIZOPHRENIA: BIOPSYCHOSOCIAL PERSPECTIVES ON APPROACHES TO TREATMENT

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The management of most severe and chronic forms of schizophrenia represent a major challenge for psychiatric services in the world. The aim of this symposium is to offer bio-psycho-social perspectives on the management of this group in a community setting in a large urban population. The most common evidence based interventions, such as standard psychopharmacological and psychotherapeutic treatment offer insufficient evidence to meet the needs of this population. A one-way route to 'rehabilitation' and 'pressure to recover' often leaves behind patients with the highest needs. In this context, the service reflected on the challenges posed by treatment resistant schizophrenia at different levels of intervention. The proportion of high dose antipsychotic prescribing and its correlates is investigated. We aim to identify whether there are any characteristic features of patients prescribed high dose antipsychotics and the definition of high dose prescribing. The process of starting a psychodynamically informed community group is explored, especially in the context of trends in psychological input for psychosis. Roles in monitoring and making decisions about appropriate accommodation are reflected upon, especially in this financial climate. As recovery and independence have become higher on the agenda, treatment in hospital settings especially for prolonged periods is discussed.

Valutazione di qualità delle residenze

41472

IL LAVORO NELLA RESIDENZIALITÀ IN UN'OTTICA DI EMPOWERMENT DI UTENTI E FAMILIARI

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L'area della residenzialità in psichiatria costituisce un'importante strumento terapeutico e riabilitativo: l'abitare rappresenta infatti una dimensione di fondamentale importanza nell'esistenza umana in quanto tocca sia aspetti che riguardano la sicurezza personale profonda della persona sia aspetti relativi alle relazioni sociali. La casa, rispondendo a bisogni primari relativi allo spazio, si connette infatti all'identità e all'autostima della persona. I Gruppi Appartamento (GA) rappresentano in quest'ottica uno spazio in cui abitare, in cui poter quindi attuare un processo di soggettivazione e di crescita personale che consenta chi vi vive di raggiungere un maggior benessere. In questo contesto assumono un ruolo cruciale gli interventi e le iniziative mirate a facilitare l'empowerment di utenti e familiari, inteso come "un processo dell'azione sociale attraverso il quale le persone, le organizzazioni e le comunità acquisiscono competenza sulle proprie vite, al fine di cambiare il proprio ambiente sociale e politico per migliorare l'equità e la qualità di vita"¹. L'approccio dell'ASL TORINO 1 prevede un Protocollo di Rete Condiviso Interdipartimentale Mirato alle Famiglie con Disagio Relazionale, che comprende interventi individuali e di gruppo a sostegno delle famiglie in difficoltà ed un progetto di valutazione della qualità dei Gruppi Appartamento (70 GA nei quali abitano circa 270 utenti) che utilizza una metodologia basata sulla partecipazione attiva degli utenti e dei loro familiari (Dove c'è condivisione c'è casa).

42521

LA QUALITÀ DELLE RESIDENZE PER LA SALUTE MENTALE: ANALOGIE E DIFFERENZE TRA COMUNITÀ TERAPEUTICHE, CASE FAMIGLIA E APPARTAMENTI DAL PUNTO DI VISTA DEGLI OPERATORI

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Obiettivo. Il contributo presenta una ricerca valutativa sulla qualità di strutture residenziali: Comunità terapeutiche (CT), Case Famiglia (CF) e Appartamenti. I risultati riguardano le dimensioni della qualità

individuate dagli operatori. **Disegno e metodo.** La ricerca è qualitativa ed è stata realizzata in un territorio ASL di Roma, dove sono presenti 3 CT intensive, 1 CT intensiva, 7 CF, 4 Appartamenti. Sono stati realizzati 11 focus group coinvolgendo 33 operatori con differenti ruoli professionali (infermieri, psichiatri, tecnici della riabilitazione psichiatrica, psicologi, operatori). Il materiale prodotto è stato analizzato con il software NVivo. **Risultati.** I risultati mostrano che la qualità è un costrutto multidimensionale, in accordo con la letteratura (Timko et Al, 1993; Taylor et Al. 2009), e la sua caratterizzazione varia a seconda del tipo di contesto residenziale. In tutti i contesti grande attenzione è rivolta agli aspetti che riguardano l'operatore, l'organizzazione, gli utenti e i rapporti con la rete di servizi. Queste categorie si articolano però in modo specifico nei diversi contesti. Per quanto riguarda ad esempio la categoria operatori l'accento è posto su: il gruppo nelle CT; dipendenza/autonomia/solitudine dell'operatore nelle CF; professionalità ed operatività negli Appartamenti. Tra le dimensioni peculiari per tipo di residenza compaiono: dimissione, invio e regole per le CT; relazione e caratteristiche dell'utente in CF e Appartamenti. **Conclusioni.** Gli operatori hanno una visione complessa della qualità, legata al loro ruolo istituzionale, professionale o di prassi all'interno delle residenze. Analizzare queste posizioni permette di immaginare percorsi di cambiamento che mettano al centro l'utente, responsabilizzando al contempo altre figure e ruoli implicati nel funzionamento delle residenze.

42529

GLI UTENTI E LA QUALITÀ DEI SERVIZI RESIDENZIALI: PRINCIPALI RISULTATI DI UNA RICERCA ESPLORATIVA

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Il contributo riguarda una ricerca esplorativa finalizzata allo studio della rappresentazione della qualità degli utenti di servizi residenziali per la salute mentale. Hanno partecipato alla ricerca 41 utenti di quattro tipi di residenze per la salute mentale (comunità intensive, comunità estensive, case famiglia e gruppi appartamento) presenti nel territorio della ASL RMA. Gli utenti sono stati reclutati mediante autocandidatura ed hanno partecipato alla realizzazione di 11 focus group, analizzati con il software Nvivo. Le modalità di coinvolgimento degli utenti sono state condivise con il Comitato etico della ASL RMA. Gli utenti hanno una rappresentazione complessa della qualità sintetizzabile in un sistema di categorie composto da 6 aree (Attività, Operatori, Ambiente esterno, Regole, Residenze, Utenti), 12 dimensioni e 4 sottodimensioni. La rappresentazione della qualità differisce negli utenti dei diversi tipi di servizi: dalle comunità agli appartamenti cambia l'importanza e i significati attribuiti alle diverse dimensioni. Ad esempio, l'area Attività acquista importanza nella rappresentazione della qualità passando dalla comunità agli appartamenti. Lungo questa direzione si passa da attività con finalità estrinseche, inerenti il reinserimento dell'utente (comunità); ad attività vissute come un dovere, che riguardano la gestione dell'ambiente (case famiglia), ad attività con finalità intrinseca come gli hobbies (appartamenti). I risultati della ricerca indicano che: - quello che fa di una residenza un ambiente psychologically supportive non sono solo gli arredi, ma piuttosto la possibilità di conservare traccia della storia di chi ci "abita" e il rapporto che l'utente instaura con operatori e utenti; - la relazione degli utenti con l'ambiente residenziale influenza il loro rapporto con il contesto esterno: dalle comunità agli appartamenti gli utenti acquisiscono progressivamente una rappresentazione della città basata su sistemi composti da più luoghi interconnessi tra loro attraverso l'esperienza e la prassi degli utenti.

42608

L'ABITARE AUTONOMO NEI PROCESSI DI RECOVERY

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Obiettivi. Nell'ambito degli interventi di Riabilitazione Psicosociale è ormai chiaro che la residenzialità non costituisce la soluzione dei problemi legati alla difficoltà di inserimento sociale dei nostri pazienti. L'impegno maggiore degli operatori tutti della Salute mentale non deve e non può essere quello di favorire l'ingresso/permanenza degli utenti nelle strutture residenziali, bensì quello di renderne possibile l'uscita, assicurando, laddove necessaria tale soluzione, una buona residenzialità, intesa come qualità del luogo dove si vive, qualità del lavoro e delle reti sociali, capace di allargare le reti di pietra e di aprirsi all'esterno. La vera scommessa della Riabilitazione Psicosociale sta oggi nell'operare un ribaltamento dei paradigmi tradizionali, dove la residenzialità si svuota di significato a favore della cultura della domiciliarità. Domiciliarità come un intero, la persona con la sua globalità e unicità, e un intorno, cioè



tutto ciò che la circonda, la casa, ma anche l'esterno, un intorno vissuto e abitato realmente con l'aiuto e il supporto di un sistema di rete. **Disegno e metodo.** In linea con le esperienze di Supported Housing (abitazioni indipendenti con supporto flessibile e individualizzato), accreditato da tempo come best practice negli Stati Uniti e in Canada, il Dipartimento di Salute mentale (DSM) dell'Azienda Sanitaria Locale (ASL) Lecce è particolarmente attento e impegnato nella promozione di progetti che, nell'ottica del superamento della residenzialità, anche per così dire leggera, favoriscano l'abitare indipendente e la gestione autonoma degli spazi di vita, attraverso l'individuazione di alloggi in cui vivere stabilmente (da soli/in gruppo) e intorno ai quali organizzare un progetto assistenziale individualizzato e flessibile con la mediazione e il coinvolgimento di tutte le agenzie territoriali e la creazione di un sistema di rete (DSM, Comuni, Associazioni). **Risultati e conclusioni.** Proprio un'esperienza di coabitazione, accompagnata dagli operatori del Centro di Salute Mentale (CSM) di Lecce e da due psicologhe volontarie dell'Associazione Salentina Tutela Salute Mentale (A.S.T.S.M.), raccontata attraverso un video dagli stessi protagonisti, diventa il punto di partenza per una progettualità innovativa, orientata alla domiciliarità che, disgiungendo il bisogno di alloggio dal bisogno di assistenza, restituisca alla persona un autentico senso di appartenenza e radicamento al proprio luogo e contesto di vita.

Employment for people with mental disorders

41256

EMPLOYERS' ATTITUDES TOWARDS THE EMPLOYMENT OF MENTAL HEALTH REHABILITEES

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The objective of the study was to map employers' attitudes towards the employment of mental health rehabilitees and their need for information and support related to employment processes. The target group consisted of employers in the Satakunta region, Finland. The research method was quantitative. The data has been collected by using a structured form of telephone interviews. The total of 120 employers participated in the study. The answering percentage was 71. Over half of the employers had a positive attitude towards employment of mental health rehabilitees. More than third of the employers would hire a rehabilitee if there was support and services easily available for the employment procedures. The rehabilitee's ability to work and professional competence were considered as prerequisites for a successful employment. According to the study most of the employers wanted to receive more information on mental health rehabilitees as workers, the financial aid, job coaching services and agencies helping with the recruitment. Over half of the employers needed financial aid for employment. Furthermore, the employers wished to have expert help for the employment, work orientation of the rehabilitee and job coaching. The study result encouraged the development of the Employer Counselling model within Mood For Work-project.

41316

PROGRAMS OF EMPLOYMENT SUPPORT AND COMPANIES OF THE SOCIAL ECONOMY, A PROJECT OF COLLABORATION AND JOINT RESEARCH WALLONIE - QUEBEC: LE PROJET SOLIDARITÉ TRANSATLANTIQUE

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This project, which occurs on a period of two years, from 2011 to 2013, aims to consolidate and to perpetuate collaborations already initiated between Walloon and Quebec organizations working at the level of inclusion in employment of vulnerable persons or with a mental health disorder, via programs, structures and social economy enterprises. With this project, we want to share the knowledge related to services, interventions and initiatives in reintegration into the work of the two cultures. study with vulnerable people and/or a mental health disorder, what are the elements that facilitate or impede their inclusion social and economic; analyze and discuss the results of this study with partners to implement



the supplementary interventions according to the needs of the persons concerned and in the process of reintegration into the work; and finally, to disseminate the status of this research that will produce new knowledge. In this workshop, the main objectives will be: 1) to rehabilitation services to the work of the two countries (employment support and social enterprise), describing their objectives, target populations and content offered, 2) to the process of evaluation of registrants in these rehabilitation services work including in terms of results achieved (obtaining and maintaining employment) describing the tools that will be used to carry out the international research. To conclude, we will share with the audience on the relevance of implementing such international collaboration to ensure the transfer of knowledge and the methods of evaluation.

41539

BEYOND THE ROCKING HORSE: EXPLORING WHAT WORK MEANS TO ADULTS WITH PSYCHIATRIC DISABILITIES

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Objective. To systematically explore the meaning of work for individuals with psychiatric disabilities. **Design.** A qualitative study based on Consensual Qualitative Research (Hill et al, 2005) involving written responses to a structured survey. **Method.** A national sample of eighty adults with psychiatric disabilities participated in this study. Half of the sample was comprised of young adults (19-32 years). Seventy percent of the participants were employed and 30% had been employed for at least six months in three years prior to participation. Participants responded to a structured questionnaire with open-ended questions called the World of Work Survey (WoWS), a demographic questionnaire, and the Work Motivation Scale (Cook et al, 2005). The WoWS was developed for the study based on an extensive literature review and consultation with currently employed individuals with psychiatric disabilities. Adhering to the ideology of participatory action research (Whyte, 1989) and the disability empowerment movement (Charlton, 1998), four individuals with psychiatric disabilities were trained in Consensual Qualitative Research (Hill et al, 2005) data analysis techniques. They analyzed the data independently and in groups and consensus was achieved in consultation with the principal investigator. **Results.** Data analysis revealed that work played a significant role in an individual's process of recovery from their psychiatric condition by providing means for survival, social connection, and, at times, self-determination (Blustein, 2006). Majority of the participant pool indicated that their current work matched their skills and interests but was not their "dream job". Factors identified as enhancing or impeding access to participants' dream job were categorized as being internal or external to the individual. Internal factors included attitudes, self-esteem, severity of symptoms, skills, and past work experiences. External factors included age of onset, race, culture, socioeconomic status, work-place stigma, prior work experience, family support, and access to education. Participants also identified indicators of work readiness as being financial need, boredom, isolation, stability of symptoms, to name a few. The results of the study will be presented along with illustrations for each category that emerged from the data analysis. Results will be discussed in the light of prevalent psychological, vocational, and rehabilitation literature. **Conclusions.** Individuals with psychiatric disabilities viewed work as a highly meaningful activity. Results revealed the importance of establishing a career narrative and providing educational support for adults with psychiatric disabilities. Findings have important educational and occupational implications for employment services in rehabilitation programs. Limitations of this study and implications for researchers, practitioners and policy-makers will be discussed.

42066

THE EFFECTIVENESS OF INDIVIDUAL JOB PLACEMENT AND SUPPORT FOR PEOPLE WITH SEVERE MENTAL ILLNESS ACCORDING TO THE LAW 68/99: A ONE-YEAR SURVEY IN TWO DEPARTMENTS OF MENTAL HEALTH IN LOMBARDY

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Italy has national policies of job placement for people with mental disability which are based on individual program of placement and support held by community psychiatric team ("collocamento



mirato" ex law 68/99). The aim of this survey is to investigate, ten years after the introduction of law 68/99, which patients and which process factors, are associated with better outcomes to individual targeted job support. The survey conclusions are based on the analysis of 227 adults followed during 2009 in two DMH for individual program of job support. Patients with previous work history and better compliance with their individual program of job support (targeted professional education and training), were more likely to obtain employment and worked for longer.

Service models 1

41752

OUTREACH SERVICES FOR PEOPLE WITH SEVERE MENTAL ILLNESS IN TOKYO

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Objective: The purpose of this study is to investigate the actual conditions of the outreach services for people with severe mental illness in Tokyo which have been conducted since 2011 by the Tokyo Metropolitan Center for Mental Health and Welfare. **Method:** The subjects are 73 patients (34 males, 39 females) who were referred to our Center from public health centers between April 2011 and March 2012. The mean age of the subjects was 49.8 years (range 15-85). Classifying the subjects according to the ICD-10, 69% are F2. The investigation of the effects of outreach services was concentrated mainly on the aspect of promoting engagement and social adjustment. **Results:** The reasons of referral to the outreach services were mainly behavioral problems such as maladjusted behavior with delusion, violent language to neighbors, withdrawal and family violence. When the subjects were referred, 64% of them were not under the medical treatment. Although visiting the individual at home was centered in the outreach services, arrangement of the case conference and management of local services were also conducted. **Conclusions:** Promoting engagement is essential to the outreach services, and it is a matter of central importance to integrate the outreach services within community service system.

41799

NETWORKING, COMMUNITY RESOURCES AND MENTAL HEALTH IN REMOTE AREAS: THE EXPERIENCE OF THE MOBILE UNITS IN CYCLADES ISLANDS

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The experience of the Mobile Units in the rural remote area of Cyclades islands will be presented, with a focus on the way of networking and mobilising local community resources, in order to offer services in a basis of limited resources, especially during the period of financial crisis in Greece. The Mental Health Mobile Units of Northeastern and Western Cyclades Islands, managed by EPAPSY-NGO since 2004, aim mainly at the provision of diagnostic assessment and treatment for children, adolescents and adults suffering from mental disorders, the development of actions in the field of mental health promotion, needs assessment, integration with primary health care and other social services and health services, development of local networks. Services are offered in 11 islands, where no other mental health services exist. The work of the Mobile Units in the 11 islands the last 8 years has resulted in the development of local networks including local authorities in the islands, health and social services, local associations, local church, education, voluntary associations. The work of the Mobile Unit has also functioned as a factor of social cohesion increase in local communities, which is a protective factor for individuals and families in periods of crisis.



42040

PSYCHOSOCIAL HEALTH CENTERS IN SÃO PAULO, BRAZIL: DIFFERENT WAYS TO TAKE CARE

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Objective: To describe infrastructure, human resources, and care approaches in psychosocial healthcare centers (Centros de Atenção Psicossocial, CAPS) in the city of São Paulo, Brazil. **Methods:** Descriptive study including 21 CAPS for adults conducted between 2007 and 2008. Information about infrastructure of facilities, human resources available and patient care was collected using a standardized instrument.

Results: Ten services were first created as outpatient clinics, eight had been day hospitals and only three were created as CAPS. Staff composition was very different among services, with emphasis on on-site group activities and little integration to other health services. All services provided mostly arts and cultural activities. Earlier outpatient services provided mainly craft activities and former day-hospitals offered mostly psychophysical integration activities. The profile of activities varied according to the geographical distribution of services. **Conclusions:** Current heterogeneous character of CAPS seems associated to the history of mental health care programs that have been implemented in São Paulo since 1980s and to social, economic and cultural differences among different areas of the city. Different psychosocial care approaches were found, ranging from on-site care with little integration with other health services to CAPS that develop activities in partnership with other health services and community resources.

42360

PSYCHOSOCIAL CARE CENTERS: CHARACTERIZING THE INSTITUTION, THE OCCUPATIONAL THERAPISTS' ACTIONS AND THE SERVICE USERS

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Objective: Characterize the Psychosocial Care Centers for Children and Adolescents (CAPSi) of São Paulo/Brazil, its users and the occupational therapists' (OT) actions working in these CAPSi. **Design and Method:** Twenty-four OT who work on different CAPSi of the State of São Paulo/Brazil answered a survey. The data were analyzed through the discourse analyses technique. **Results:** Most service users are between 5 and 15 years-old and the most commonly diagnoses are pervasive developmental disorders, conduct disorders and psychoses. It was found that the main activities offered to service users are clinical settings and a several kind of groups; the attention to family is reported by all participants and the articulations with network services occur through partnerships. The main actions of OT are groups, workshops and activities in the territory. It was also verified the realization of interdisciplinary practice in CAPSi. **Conclusions:** The CAPSi treatment model for children and adolescents with mental disorders attempts to respond to Brazilian child and adolescent mental health guidelines and policies. The actions of OT and of the team have to be discussed from the perspective of psychosocial rehabilitation.

Human Rights

40964

HUMAN RIGHTS CONTROVERSIES IN MENTAL HEALTH - IMPLICATIONS FOR CITIZENSHIP

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Objective. The paper addresses recent dynamics in the axis of international mental health activism, the United Nation Convention on the Rights of Persons with Disabilities, and national politics: 1. Might such interactions lead an extension of citizenship to include people suffering from mental illness as full citizens? 2: Do they contribute to a furthering of citizenship at the global level, towards the formation of a more inclusive concept of the world citizen? **Design and methods.** In order to make theoretical ideas operational empirically, I will single out three key concepts - freedom, equality and reason. How do these concepts appear in human rights controversies, and how do they relate to debates over diagnoses and treatments in mental health care? My empirical case at the national level is Norway, and the struggles



over non-compliance in an ongoing political process of revisions in mental health legislation. **Results and conclusions.** Via the international scene, mental health sufferers and their activist organisations are moving from the apolitical field of psychiatric expertise and medical diagnoses into more political landscapes. This implies a stronger criticism of coercive treatments in a human right context, as a step towards fuller inclusion as citizens at both national and world levels.

42839

EPIDEMIOLOGICAL RESEARCH ON THE INVOLUNTARILY AND VOLUNTARILY HOSPITALIZED PATIENTS IN THE MENTAL HOSPITAL OF ATTICA: RECENT DATA AND VIOLATION OF HUMAN RIGHTS

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Coercive treatment and involuntary hospitalization represent a highly controversial issue within psychiatric practice from a therapeutic, legal, social and ethical perspective. The high percentage of involuntary admissions in Greece (>54%) compared to other European countries (3-30%) requires more evidence and in-depth understanding. From May to October 2011 a research project was designed and implemented in the mental Hospital of Attica. The study focused on a sample of 715 involuntary admitted patients. The collected data regarded socio-demographic and clinical information as well as organizational, legal and ethical issues raised within the practice of involuntary admissions. This presentation will focus on the application of the legal framework existing in Greece (Law 2071/92) and on the violation of human rights of psychiatric patients in involuntary hospitalizations.

43004

PERCEPTION OF USERS OF MENTAL HEALTH SERVICES ABOUT THEIR HUMAN RIGHTS

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Introduction: The condition of exclusion of people with mental disorders has been the subject of the process of psychiatric reform in Brazil. From this perspective, the Centers for Psychosocial Care CAPS - seek to intervene on the exclusion of this population, seeking their inclusion, given the social subject and their vocation as citizens through institutional practices that create a dialogue between the clinical and case law, ensuring the exercise of social rights of the users and families. **Objectives:** To understand user perception about their social rights and their representations about the condition of exclusion / inclusion. **Method:** qualitative, descriptive exploratory study, under approach of the category; 27 users were interviewed in 03 CAPS in a municipality of Greater Sao Paulo - SP, Brazil. **Results:** Thematic analysis indicated that the experience of difference and / or exclusion from the social group seems to be related to the fact of being mentally ill, a condition alleviated when they have some money, usually obtained through aid or retirement due to illness. Money is referred to as a means to belong to a family (help the household, power to raise children, etc.), rescue of dignity (being able to contribute with something) and independence (no need to ask). Conclusion: The legal assistance proved to be a highly relevant factor in obtaining a pecuniary benefit, and significant portion of users surveyed have resorted to it.

43095

RESEARCH FOR THE PROTECTION OF HUMAN RIGHTS IN ELDERLY PSYCHIATRIC PATIENTS LIVING IN RESIDENTIAL FACILITIES IN THE COMMUNITY

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The current economic downturn in Greece has resulted in many cutbacks in mental health inpatient and community services, raising issues concerning the quality of services being provided. The purpose of this research is to study the level of human rights in elderly psychiatric patients living in 5 residential houses in the community. In this study we used the QualityRights Tool Kit (QualityRights

Project, WHO) which is in the process of adapting Greek data from a EPAPSY's research team. The Quality Rights Project concerns in a structured system for assessing and improving the quality of care and protection of the rights of recipients of mental health services. This tool investigates whether the residential facilities meet the criteria of quality of care and housing of elderly residents, although efforts to improve living conditions and defend their rights. We assume that elderly psychiatric patients living in residential facilities are often faced with human rights violations, compared with the population living in the community because of their psychopathology. While enjoying the highest level of quality of care, compared with those patients living in a psychiatric hospital, and therefore recognized as having rights in practice.

Interventi precoci: esperienze italiane

41841

APPROPRIATEZZA PRESCRITTIVA E RIABILITAZIONE PRECOCE NEGLI ESORDI PSICOTICI: ANALISI DI UN CAMPIONE IN UN DIPARTIMENTO DI SALUTE MENTALE

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Introduzione. Negli ultimi anni la salute mentale ha identificato un'area di bisogno rappresentata dalle esigenze di persone all'esordio psicotico, nelle quali il riconoscimento precoce e l'intervento multidimensionale mirato può attenuare l'insorgere della malattia o addirittura interrompere il procedere e l'aggravarsi della patologia e della connessa disabilità. Disegno e metodo. È stata rilevata dal punto di vista epidemiologico l'incidenza degli esordi psicotici nei servizi territoriali del Dipartimento di Salute Mentale di Lecce, per i quali è stato elaborato un progetto individualizzato di trattamento, nel triennio 2009-2012. Oltre ai dati anamnestico - clinici ed ai fattori di rischio, è stata valutata l'appropriatezza dei percorsi offerti, ovvero colloqui psichiatrico/psicologici, farmacoterapia, supporto sociale, psicoeducazione, supporto alle famiglie, riabilitazione precoce. Conclusioni. Questo lavoro ha favorito l'integrazione tra le équipe dei servizi e la condivisione di modelli operativi per l'individuazione, l'assessment e l'intervento precoce e mirato dei casi identificati. Individuare la sofferenza psichica all'esordio e allargare l'ottica sulla vulnerabilità possono essere azioni decisive per direzionare un intervento terapeutico, e devono essere fondanti nelle politiche dell'organizzazione dei servizi psichiatrici e nella tutela della salute mentale.

42931

PERCORSI DI INCLUSIONE SOCIALE E TRATTAMENTO PER ADOLESCENTI IN CONDIZIONI MALADATTIVE, CARATTERIZZATE DA CONSUMO DI SOSTANZE PSICOATTIVE E DA DISAGIO PSICHICO.

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L'esperienza progettuale sulla quale si vuole riflettere si basa su di modello di rete in forte integrazione con il sistema dei servizi, per l'attivazione di un servizio di tutoring territoriale integrato con un'offerta semi-residenziale e di residenzialità leggera e di week end tematic rivolto agli adolescenti e giovani adulti consumatori, abusatori o dipendenti da sostanze psicoattive tra i 14 e i 24 anni e alle loro famiglie con attività di:- percorsi psicoterapici individuali e/o di gruppo. -di tipo cognitivo comportamentale sulla prevenzione delle ricadute, sull'autoefficacia e sul rinforzo motivazionale, sul cambiamento degli schemi da mal adattivi ad adattivi; -di tipo sistemico sull'organizzazione relazionale e comunicativa attuale della famiglia e del contesto di riferimento; -tutoring e affiancamento mirato e specifico nelle attività quotidiane da parte di un educatore con il quale verrà sviluppato un progetto individuale (tutoring in ambito lavorativo, scolastico, del tempo libero); - accompagnamento relazionale mirato al sostegno nella ricerca di contesti di socializzazione positiva e di programmi di formazione socio/lavorativa o di orientamento mirato dopo mirata valutazione di competenze specifica (sul territorio); -attività di gruppo e laboratoriali; -accoglienze brevi in un struttura di residenzialità leggera ove sperimentare primi momenti di vera autonomia e responsabilità nonché distacco da contesti famigliari spesso difficili. I ragazzi vengono "intercettati" nei loro luoghi di vita (progetti di sviluppo di comunità e di prevenzione territoriale), di divertimento (progetti di riduzione dei rischi e di prevenzione selettiva



attivi nei luoghi del loisir da anni) di studio (progetti di prevenzione, peer education e peer support nelle scuole) o del sistema dei servizi delle dipendenze o della salute mentale - sono per lo più adolescenti e/o giovani adulti poco autonomi, che riconoscono difficilmente le proprie difficoltà, faticano ad essere consapevoli delle condizioni di rischio evolutivo a cui sono esposti; esprimono i disagi attraverso le loro azioni, attraverso modalità relazionali conflittuali o provocatorie, tramite comportamenti a rischio differenti (abusi di alcol e droghe, azioni devianti, prevaricazioni, comportamenti sessuali non protetti, guida pericolosa, fughe, ecc.). Il più delle volte, questi ragazzi fanno fatica a chiedere aiuto ai servizi, spesso non ne conoscono l'esistenza, non sono al corrente delle tematiche di cui si occupano, delle modalità d'accesso; talora hanno difficoltà anche a chiedere aiuto in famiglia, perché le condizioni relazionali ed affettive non lo consentono. A volte non riescono ad esplicitare una richiesta di aiuto neppure ad altri adulti di riferimento o ai propri pari. Il lavoro di contatto con loro degli operatori ha creato invece importanti relazioni di fiducia in cui sono emersi in maniera importante i problemi di adattamento psicosociale e le difficoltà dovute all'abuso di sostanze, quasi quotidiano. Proprio per tale motivo si pensa di costruire una maggior continuità di azione e di intervento in contesti specifici sia semiresidenziali che residenziali. Rispondere a simili esigenze e richieste implica l'attivazione di progetti integrati di presa in carico educativa, sociale e psicologica, la collaborazione con le famiglie, la scuola e i contesti lavorativi/formativi da essi frequentati; ciò al fine di trasformare la fase critica attraversata in una opportunità di crescita, di sviluppo di competenze e risorse, di contenimento dei rischi evolutivi e di attivazione dei processi di resilienza.

43853-43855

INTERVENTI PRECOCI E RECOVERY: ESPERIENZE E PROGETTI NELLA REGIONE PUGLIA

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Nei disturbi psicotici il maggior deterioramento clinico e psicosociale si manifesta nei primi anni dall'esordio e la precocità e specificità di interventi, in tale fase, rappresentano i principali predittori di esito (Harrison, 2001). Interventi precoci intensivi, e di una certa durata, migliorano l'outcome (Bertelsen, 2008; Norman 2011). Il movimento early psychosis ha avviato un cambiamento di visione e di strategie nei confronti delle malattie mentali gravi: non più soltanto riparazione dei danni, ma ragionevole certezza che sia possibile rallentare o interrompere il percorso di malattia, in contrasto con invecchiati preconcetti e fuorvianti chiavi di lettura (Van Os e Kapur, 2009; Bird et al., 2010).

Nel simposio verranno presentate e discusse esperienze avviate in alcuni centri pugliesi, rivolte a organizzare servizi recovery-oriented, attente agli interventi precoci, alla riduzione della DUP e all'impiego di interventi psicosociali nella fase critica al fine di migliorare gli esiti. Si descriveranno le esperienze attuate in un centro dedicato per gli esordi psicotici ("GIPPSI" Bari), ricerche epidemiologiche che indagano il tipo di attività svolte nell'ambito dell'early psychosis nei Dipartimenti di salute mentale in Puglia e verso gli esordi psicotici nei migranti.

Situazioni a rischio ed esordi psicopatologici: modelli di intervento

41325

TRATTAMENTO ANTIPSIKOTICO PRECOCE ED ULTRAPRECOCE: ATTUALITÀ, LIMITI ED ORIZZONTI FUTURI

CATTANEO C.

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Razionale dell'intervento. Vi è ormai unanimità di consenso sull'opportunità di ridurre i tempi della DUP (Duration of Untreated Psychoses) attraverso interventi terapeutici precoci anche di natura psicofarmacologica. Un intervento antipsicotico nella fase precoce della psicosi attiene ad un duplice obiettivo, curativo sull'acuzie psicotica e preventivo-profilattico delle recidive. Per quanto concerne l'impatto del trattamento psicofarmacologico nella fase di mantenimento, negli ultimi 10 anni, si è enfatizzato prima l'effetto positivo dei farmaci antipsicotici atipici sulla componente cognitiva, poi una azione neuroprotettiva e neuroplastica. Su quest'ultimo tema si è centrata gran parte della letteratura scientifica di matrice neurobiologica, della divulgazione da parte delle aziende farmaceutiche e, soprattutto, dell'informazione volta alla promozione di un intervento precoce di cura farmacologico.

Si richiamano qui anche le evidenze di letteratura riguardanti un'azione neurotossica diretta sull'encefalo della psicosi non trattata e tutto il filone della presunta tossicità della terapia con neurolettici di prima generazione. Esistono tuttavia dati controversi che rendono questi elementi più confusi, ad esempio la possibile azione neurotrofica a basse dosi dell'aloiperidolo stesso (Halim ND); ciò che recentissimamente ha attirato l'attenzione di tutto il mondo scientifico è stata la revisione critica prodotta da alcuni ricercatori (Moncrieff, Ho) che tende a ridefinire la portata, l'efficacia e perfino l'opportunità dell'intervento antipsicotico precoce nelle psicosi. Tale revisione focalizza l'attenzione sulla sospetta neurotossicità dei composti antipsicotici di nuova generazione (SGAs). (Moncrieff J, BJPsych 2011). Conclusione. L'intervento è perciò dedicato alla discussione di questi temi che propongono prospettive-oggi- più controverse del recente passato così come l'opportunità di praticare un intervento psicofarmacologico (non antipsicotico) nelle fasi ultraprecoci della psicosi .

42409

FAMIGLIE ADOTTIVE A RISCHIO: UN MODELLO DI INTERVENTO PER PREVENIRE ESORDI PSICOPATOLOGICI

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La miglior cura per un minore traumatizzato è l'adozione, che può essere considerata come un percorso riabilitativo volto a modificare i comportamenti e le rappresentazioni del bambino. Il contesto della nuova famiglia fornisce al bambino la possibilità di modificare i modelli mentali e le rappresentazioni che derivano dalle precedenti esperienze traumatiche. Tuttavia anche genitori sufficientemente sicuri e con un rapporto di coppia equilibrato possono essere destabilizzati dall'arrivo di un bambino gravemente traumatizzato. Partiamo quindi dal presupposto che se l'adozione entra in stallo è necessario curare l'adozione prestando attenzione a come si costruisce la relazione di attaccamento nella famiglia adottiva e a come si incastrano i modelli mentali di attaccamento del bambino e dei genitori adottivi. Sarà presentato un approccio riabilitativo alle gravi crisi adottive dei bambini e degli adolescenti basato sull'integrazione del modello sistemico con la teoria dell'attaccamento. Tale lavoro si configura non soltanto come un intervento che affronta nell'emergenza del qui ed ora la situazione di crisi ma assume anche un valore preventivo rispetto all'emergere nei figli divenuti adolescenti di disturbi psichiatrici gravi. Sappiamo infatti che è maggiore il rischio per i bambini adottivi, se confrontati con i loro coetanei non adottati, di presentare sintomi psicopatologici e diagnosi psichiatriche, ed è decisamente rilevante a sfavore degli adottivi il dato circa l'invio ai servizi di salute mentale. Sarà discussa l'efficacia di questo approccio sulla base dell'analisi della casistica clinica di 120 famiglie adottive, curate in un centro specialistico.

42542

STILI DI FUNZIONAMENTO FAMILIARE IN UNA POPOLAZIONE DI SOGGETTI A RISCHIO DI PSICOSI

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Razionale: Nei Servizi orientati all'Intervento Precoce nelle Psicosi è posta molta enfasi sul tema dell'assessment e della valutazione multidimensionale del giovane paziente, sul piano clinico, cognitivo, metacognitivo e funzionale. Nonostante la famiglia sia concordemente ritenuta un elemento fondamentale fin dal primo contatto per impostare un trattamento efficace e tempestivo, il tema della sua valutazione non è stato finora affrontato prevalentemente attraverso il costruito delle E.E. Finora però, a nostro avviso, è mancata la possibilità di valutare la famiglia con strumenti capaci di restituire una descrizione del funzionamento familiare in generale e non solo dipendente dalla presenza di un problema in uno dei membri e che, in secondo luogo, potessero essere utilizzati nella pratica ordinaria dei servizi. **Obiettivi e metodi:** nello studio abbiamo utilizzato un questionario autosomministrato, il Faces IV (D.H.Olson e coll 2002), che oltre a fornire una misura del funzionamento familiare fornisce delle indicazioni sulle dinamiche familiari ed in particolare nell'area della coesione e della flessibilità. Il questionario è stato somministrato ai pazienti afferenti al Nucleo Interventi Precoci della Rete per gli Interventi Precoci del DSM ASL RomaD. **Risultati:** La percezione del funzionamento familiare si è mostrata ai limiti della norma nei pazienti e sufficientemente equilibrata nei genitori. Una valutazione delle singole scale mostra somiglianze e differenze fra i genitori e fra questi e il paziente delineando un



quadro delle dinamiche familiari. In generale si valida l'ipotesi che il funzionamento familiare venga percepito come problematico dai pazienti con esordio psicotico. Uno degli aspetti più salienti dei dati è la bassa percezione di coesione e flessibilità nella vita familiare da parte dei pazienti rispetto ai genitori. **Conclusioni:** Lo studio ha mostrato la capacità dello strumento di differenziare famiglie cliniche da quelle non cliniche, ha fornito utili indicazioni per costruire percorsi di trattamento

42688

GLI INTERVENTI METACOGNITIVI NELLA PSICOSI AGLI ESORDI

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La presentazione illustra il ruolo svolto dai deficit di metacognizione (o mentalizing o Theory of Mind, a seconda delle tradizioni di ricerca) nella patogenesi delle psicosi e le varie metodiche di metacognitive remediation messe a punto dagli Autori in vari setting privati e pubblici. Viene fatto il punto della ricerca circa l'impatto dei deficit metacognitivi nelle psicosi agli esordi e viene definito il campo di quella che chiamiamo "riabilitazione metacognitiva della psicosi" insieme a temi cardinali quali comunicazione, intersoggettività, "ambiente mentalizzante", attività codificate, case management, contratto, multifamiliarità.

Méthodes et programmes de traitement

41315

DÉVELOPPEMENT D'UN PROGRAMME DE TRAITEMENT ET DE RÉADAPTATION SÉQUENTIEL POUR PERSONNES SOUFFRANT DE DÉPRESSIONS CHRONIQUES ET RÉFRACTAIRES, QUÉBEC, CANADA

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Objectifs: 1) Traiter les dépressions chroniques et réfractaires, 2) Atteindre un rétablissement plus complet de la personne. 3) Prévenir les rechutes. **Méthode:** Basée sur les données probantes, notre programmation intègre plusieurs interventions cognitives-comportementales. Le traitement propose un cheminement clinique innovateur : structuré en épisodes de soins, le nombre et la séquence des épisodes, s'adapte à chaque personne. Nous intervenons au cours des différentes phases du rétablissement : la phase aigüe, la rémission, la prévention des rechutes et le retour au travail. Chaque étape correspond à un épisode de soins de 10 à 12 rencontres en format individuel ou de groupe. La phase aigue inclue la thérapie d'activation comportementale et la thérapie cognitive. La prévention de la rechute consiste en un entraînement à la pleine conscience ou une approche de gestion des symptômes résiduels. Le processus se termine avec la gestion du retour au travail. L'ensemble du traitement et de la réadaptation peut durer entre 20 et 60 semaines. **Résultats:** Des outils de mesure d'efficacité spécifiques à chacune des étapes du cheminement de la personne sont utilisés en cours de suivi. **Conclusion:** Ce programme permet de s'attaquer à la chronicité des troubles dépressifs, et vise un véritable rétablissement de la personne.

41621

ET SI VOTRE ASSISTANT PERSONNEL NUMÉRIQUE (APN) DEVENAIT UN OUTIL DE SOUTIEN À LA RÉADAPTATION ET AU RETABLISSEMENT

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Introduction: Au fil des années, les technologies mobiles et assistants personnels numériques (APN) se sont développés rapidement et sont devenus pour plusieurs personnes de véritables outils quotidiens et aides cognitives. Peu d'études ont cependant permis d'évaluer l'impact auprès de personnes atteintes de maladie mentale comme outil de soutien à la réadaptation. **Objectif:** L'objectif de ce projet est d'évaluer la faisabilité d'intégrer un APN dans le processus de réadaptation de personnes touchées par la maladie mentale et de développer avec eux une application technologique, ©RéadApps, permettant de répertorier et d'évaluer les applications disponibles sur le marché et pertinentes. **Méthodologie:** Ce projet s'inscrit dans le champ du développement technologique et de la recherche évaluative. Il a permis, via des entrevues, de cerner les impacts et les enjeux d'intégrer un APN auprès d'un groupe de 25 participants (dyade intervenants et usagers). **Résultats:** L'intégration d'un APN peut faciliter l'autogestion de la maladie, l'organisation du temps ainsi que la reprise d'activités significatives. Cependant, malgré la facilité d'utilisation, l'appropriation d'un APN nécessite le soutien des intervenants de la réadaptation. **Conclusion:** Les APN sont largement accessibles sur le marché. Leur apport sur l'autonomie et la participation sociale des personnes n'est pas à négliger.

41854

LE PENFLURIDOL ET L'ÉQUIPE MOBILE DE PSYCHIATRIE (EMP) DE POINTE-À-PITRE

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En 2008, une équipe mobile de psychiatrie (EMP) a été créée au CHU de Pointe-à-Pitre, pour le soin des malades mentaux en errance ou en grande précarité sur l'agglomération. L'hypothèse de départ était que le Penfluridol (neuroleptique oral hebdomadaire) pouvait être proposé pour permettre un début de chimiothérapie à des patients psychotiques à la rue, incapables de prendre un traitement quotidien, ou d'accepter des injections retard, et leur permettre d'accéder ainsi à un premier soin. Dans une approche bio-psycho-sociale toute l'équipe sillonne les rues en binôme à la rencontre des patients potentiels : psychiatre (diagnostic, prescription), infirmiers en psychiatrie (distribution du Penfluridol, éducation à la santé), éducateur spécialisé (accompagnement socio-éducatif, démarches d'insertion), assistante sociale (accès aux droits sociaux). L'équipe s'appuie sur une approche empathique et une éducation thérapeutique individuelle la plus précoce possible pour proposer aux patients psychotiques une prise de Penfluridol. Lorsque le patient accepte une prise unique présentée comme un essai, cela revient à ce qu'il accepte une semaine de traitement, et les chances d'amélioration sont dès lors considérables. L'étude purement descriptive de la file active depuis la création de l'équipe (120 patients rencontrés environ chaque année) montre que la moitié des patients présentent des signes psychotiques ou schizophréniques tels qu'ils nécessitent une chimiothérapie. Parmi eux 1/3 sont déjà traités dans différentes structures de soin, 1/3 refusent toute chimiothérapie, et 1/3 ont accepté au moins une fois dans l'année une prise de Penfluridol de la part de l'EMP. Seule cette molécule permet donc de faire accepter en première intention dans la rue un traitement antipsychotique qui soit tolérable pour les malades sur des séquences plus ou moins longues de l'année à un tiers des patients de la file active qui en ont manifestement besoin (50%). Forte de sa pratique, l'équipe mobile estime qu'il n'y a aucune issue pour un psychotique en errance si ce n'est l'alliance et l'éducation thérapeutique précoce qui peuvent permettre plus ou moins vite l'acceptation d'un comprimé de Penfluridol. Il est difficile de préciser davantage ces résultats compte tenu des faibles effectifs et de la diversité des parcours individuels, le but n'étant pas de maintenir le plus longtemps possible le patient sous ce traitement, mais de permettre l'amorce d'un traitement efficace. Hélas, le produit connaît bien des vicissitudes depuis l'arrêt de sa fabrication officielle début 2007, l'échec de son rachat en 2010, et l'épuisement total des derniers stocks en juin 2012. Peu prescrit depuis son invention en 1970, n'ayant jamais fait l'objet d'aucune promotion commerciale, bien moins rentable que les antipsychotiques de nouvelle génération, le produit a été semble-t-il jugé indésirable sur le marché et n'a été défendu que par une poignée d'usagers et de praticien (pétition du Comité Penfluridol France, en 2008) Pourtant, au delà de l'usage possible en Equipe Mobile, il est la seule alternative entre le traitement oral quotidien et l'injection retard intramusculaire et aurait pu être recommandé dans nombre de situations cliniques, évitant ainsi l'hospitalisation sous contrainte.



43618

LA QUESTION DU TRAVAIL EN HÔPITAL DE JOUR AVEC ATELIER THÉRAPEUTIQUE

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Pour les sujets venant dans les structures de soins psychiatriques, avoir une activité professionnelle est un questionnement récurrent. Elle est une des réponses au souhait d'inscription sociale de ces personnes, souvent stigmatisées parce que relevant de la maladie mentale. La mise au travail dans la réalité (travail au sens d'occuper une activité productrice socialement reconnue) se trouve donc à la croisée du pathologique et de la normalité, de la maladie et de la guérison, du thérapeutique et du social. L'hôpital de Jour avec Atelier Thérapeutique de Colombes (Association l'Élan Retrouvé) est une structure de soins où, à partir de l'explicite d'une demande d'accéder au milieu professionnel, va peu à peu se dévoiler, s'élaborer les différents niveaux d'implicite pour le sujet. Partant de situations cliniques vécues au sein de la structure, les articulant avec des points théoriques, nous nous interrogerons sur ce qui se mobilise pour ces sujets désignés comme patients, en devenir d'être des travailleurs et comment ce passage peut être un moment dynamique mais aussi délicat, nécessitant des soins spécifiques.

Dementia and cognitive impairment

40680

THE UK MEMORY SERVICES NATIONAL ACCREDITATION PROGRAMME [MSNAP]

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Background: The quality and characteristics of memory services can vary greatly. A nationally agreed set of quality standards would help improve UK memory services. **Objectives:** To develop and implement standards for memory services as part of a national quality improvement programme **Method:** The standards development involved a literature review/content analysis; key stakeholder workshop; stakeholder consultations; consensus meeting; and consultation obtaining endorsements from key organisations. Thirteen memory services participated in the pilot using draft quality standards through the processes of self- and peer review. **Results:** MSNAP consists of 148 quality standards covering: management; resources for assessment and diagnosis; processes of assessment and diagnosis; and ongoing care management and follow up. The pilot stage highlighted areas where improvements were made including finding out whether the patient wished to know their diagnosis, and areas where attention was still required, for example surveying referrers, patients and carers about their experiences of the service. **Conclusion:** Nationally agreed quality standards for memory services were developed and field tested. Fifty two services have joined MSNAP and this will improve the quality of UK memory services. MSNAP was recently endorsed by the UK Prime Minister as part of his Challenge on Dementia.

40681

CHANGING PRACTICE TO REDUCE ADMISSIONS FOR DEMENTIA

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Background: In psychiatric practice admissions to hospital for people with dementia can sometimes result in extended inpatient admissions and unnecessary delays in discharge. **Aim:** To change the practice of a community old age psychiatry and reduce admissions. **Method:** The new model was implemented over a 3 year period and involved developing closer links with general practitioners and care homes. In addition, the consultant enabled better access by the general practitioners, community team and care homes so that direct mobile phone contact with the consultant was much easier. Direct liaison with GPs and local talks at GP practices and care homes ensured better support for patient care. **Results:** Within the local area comprising 9 consultant patches the consultant implementing the new model had only



16 admissions per year per 10,000 older people (compared to between 19 and 50 per year for each of the other consultants) and in addition length of stay was dramatically reduced. **Conclusion:** Using the new model of consultant practice led to a reduction to only one third of the beds used compared to the other consultants.

43086

MEDICAL SOCIAL WORKER SUPPORT FOR DEMENTIA PATIENTS OF ECONOMIC PROBLEMS -THE NECESSITY FOR SOCIAL ADVOCACY AND SOCIAL WORK PRACTICE -

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Background. In Japan's aging society the number of dementia patients is increasing every year. On the other hand, the government's national policies, aiming at controlling medical expenses, have differentiated hospital functions; and have promoted early home discharge. Discharge-nurses and medical social workers have been involved in the screening of patients' problems. Yet however, they lack evidence-based solutions to a range of economic problems. **Objects.** Research to date has focused on analyses of medical social workers support techniques, rather than on dementia patients' economic problems. This presentation examines how medical social workers can address dementia patients' economic problems. **Methods.** The research subjects were 65 patients with economic problems who were recruited from April 2010 to July 2011. Data were drawn from their case and clinical records. Data on patients' and families' needs and on social supports interventions were statistically analyzed. **Results.** The mini mental state examination (MMSE) mean scores of the sample were 12.4±3.5 and the Barthel Index (physical disability) mean scores were 50.2±12.6. 89.2% (n=58) of the patients had a family whereas 10.8% (n=7) of the patients were alone. At first interview 46.2% (n=30) of the sample refused hospital discharge and the use of home care service. Repeated interviews revealed that 30.8% of the sample had no knowledge of dementia symptoms or care, and 21.5% refused social supports. 18.5% of the sample had no money for social support, whereas 13.8% of the sample had an unknown base of money for social support. Most medical social workers' activities could be categorized as either empowerment of personal autonomy (n=759) or construction of support systems (n=916). **Conclusions.** Facing economic problems, medical social workers constructed support systems through their professional relationships, respecting patients' autonomy. Both the mutual and close cooperation with the administration or a legal organizations, and community educational activities were required. These practical approaches the early detection and prevention of the economic abuse and neglect of dementia patients by families, relatives or acquaintances. Future research should promote the best use of medical social workers' specialized knowledge to address economic problems.

43122

PSYCHOSOCIAL AND COGNITIVE IMPACT AND RE-SOCIALIZATION IN ALZHEIMER'S DISEASE

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Alzheimer's Disease (AD) is one of the main causes for dementia, representing 60-70% of cases. This pathology is a neurodegenerative disorder that produces progressive intellectual decline, as well as a variety of neuropsychiatric and behavioral alterations. This generates a significant social, cultural, medical and economic impact on society. The main symptoms consist of loss of recent memory and personality change, mostly with apathy. The early diagnosis of this disease is important, being key to identify it in the early or prodromal stages, thus enabling to improve its evolution by applying primary assistance actions. The evaluation of the biomarkers makes it possible to currently think about primary and secondary prevention of this disease. Clinical, neuropsychological and neurological evaluations (such as the patient's way of walking) may be used for the prodromal or early diagnosis. The stabilization of the clinical profile can also be achieved through the interdisciplinary treatment which includes psychotherapy, aerobic exercise, occupational therapy, musical therapy and family therapy as well as the correct and prudent pharmacological approach, and the application of psychoneurorehab techniques that enable to delay the onset and modify the evolution of AD.



Psychopharmacology

40919

THE USE OF ELECTRONIC MONITORING (MEMS®) OVER A ONE YEAR PERIOD TO EVALUATE ADHERENCE AND OUTCOME IN SCHIZOPHRENIA: RESULTS FROM THE SWEDISH COAST STUDY

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Objective: To examine adherence and one-year outcome in persons treated for schizophrenia with oral antipsychotics. **Design and method:** Outpatients (n=131) took part in this naturalistic study. Adherence was measured during one year using electronic medication monitoring (MEMS®), pill count and plasma levels. Patient, staff and physician ratings were also obtained. Symptom severity was measured using the Positive and Negative Symptom Scale for Schizophrenia (PANSS). Remission was determined with the Structured Clinical Interview for Symptoms of Remission derived from PANSS. **Results:** Mean adherence (MEMS®) was 81%. Nonadherence (MEMS® < 0.8) was observed in 30%; this was correlated to low GAF and low psychosocial functioning as measured by the Personal and Social Performance Scale (PSP) and with high symptom scores on grandiosity, emotional withdrawal, passivity, apathy, social withdrawal, poor attention, poor insight and disturbed volition. At endpoint 67% of the adherent but only 35% of the nonadherent persons were in remission. Factor analysis of adherence yielded three independent components. MEMS® recordings and pill count were highly correlated with the first component, physician and staff ratings with the second, and plasma levels with the third. Patient ratings were correlated with the first two factors. **Conclusions:** Adherence is related to remission and psychosocial functioning.

41238

PREFERENCE FOR LONG-ACTING INJECTABLE ANTIPSYCHOTICS OF COMMUNITY-DWELLING PATIENTS WITH SCHIZOPHRENIA AND THEIR CAREGIVERS IN KOREA

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Objective : The prescription rates of long-acting injectable antipsychotics are very low around 1 % in Korea. This study was aimed to explore the preference of long-acting injectable antipsychotics in patients with schizophrenia, who are currently living in community, and their caregivers. **Methods :** The patients who were diagnosed with schizophrenia and were registered in the 31 mental health centers of Gyeonggi province and their caregivers were asked what they know about the long-acting injectable antipsychotics. The questionnaires contained informations such as demographic characteristics, history of psychiatric treatment, and knowledge and preference of long-acting injectable antipsychotics and so on. The case managers working in community mental health centers explained to the patients and their caregivers about the survey and requested to fill up the questionnaires voluntarily. **Results :** About 8,960 subjects were registered in the community mental health centers of Gyeonggi province in February 2012. Among them, 5,318 patients were diagnosed with schizophrenia. A total of 980 subjects (615 of patients and 365 of caregivers) answered the questionnaires. The mean ages (SD) of patient responders (n=604) and caregiver responders (n=352) were 42.0 (±10.2) and 62.2 (±13.4) years old respectively. A considerable number of patients (44.6% of patient responder and 43.6% of caregiver responders) have experienced discontinuation of medications without doctor's consent. Only 35.9% of patient responders (n=605) and 27.1 % of caregiver responders (n=358) did know about the long-acting injectable antipsychotics. Tentative preference for long-acting injectable antipsychotics were 47.2 % and 56.9 % for the patients and caregivers, respectively. More analyzing results will be represented in the poster. **Conclusion :** There is the huge discrepancy between the preference and the real prescriptions of long-acting injectable antipsychotics in Korea. The obstacles against the benefits of long-acting injectable antipsychotics need to be resolved.

42680

INDICATIONS AND PATTERN OF RAPID TRANQUILISATION IN A PSYCHIATRIC INTENSIVE CARE UNIT (PICU) AT A LARGE PSYCHIATRIC HOSPITAL IN SRI LANKA

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Background: The National Institute of Mental Health (NIMH) is one of the foremost psychiatric facilities. The PICU functions as the unit in which psychiatric emergencies are managed on admission. Rapid tranquilization is the use of psychotropic medication to control acutely disturbed behaviour. **Aims:** To describe the indications and the pattern of use of rapid tranquilisation on acutely disturbed patients at the PICU at NIMH. **Method:** All consecutive admissions to the PICU during the study period of four weeks were recruited (n=40) from the total admissions to hospital (n=463). Data was gathered through an interviewer administered questionnaire. **Results:** The sample comprised of 60% male patients and the average age was 41.5 years. The most prevalent ICD 10 diagnosis was bipolar affective disorder - current episode mania (45%), followed by schizophrenia (32.5%), and substance dependence (5%). The causes of disturbed behaviour were nature of illness 16 (40%), response to delusions 8 (20%), related to psychoactive substance use 6 (15%) and as a reaction to the situation 6 (15%). The identified reasons for sedation were risk to self, others and absconding risk 12 (30%), risk to others only 06 (15%), absconding risk only 06 (15%), risk to others and absconding risk 06 (15%) and risk to self and others 05 (12.5%). A combination of intramuscular haloperidol and midazolam were the most commonly used drugs (42.5%). **Conclusion:** Mania was the commonest diagnosis requiring rapid tranquilisation while the most prevalent indication was a combination of risk to self, others and absconding risk.

Evaluation

37936

IMPACT OF HALF-WAY HOME CARE SERVICES FOR PERSONS WITH PSYCHIATRIC DISABILITY

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There are only few studies related to effectiveness of psychosocial rehabilitation services in addressing the disability among persons with psychiatric disorders in India. **AIM:** To find out the impact of halfway home care services among persons with psychiatric disability. **METHODS:** Out of 130 case files of discharged patients 50 files were randomly selected for the purpose of data collection. Content analysis research design was used in this retrospective study. Indian Disability Evaluation and Assessment Schedule (IDEAS,2000) was used to assess the disability among residents who attended halfway home care services for psychosocial rehabilitation. **RESULTS:** The study revealed that 65% of the residents have no disability in self-care, 59% of them have no disability in communication and understanding, and 53% of them have no disability in interpersonal relationships. The majority (76%) of the respondents had a moderate level of psychiatric disability at the time of discharge from half-way homes. There were no significant differences between males and females and between different psychiatric diagnoses in terms of the level of disability after discharge. **CONCLUSION:** In persons with psychiatric disability, halfway home care services have a positive impact in addressing drug compliance and in minimizing disability in the areas of self-care, interpersonal relationship, communication and understanding.

41170

IPACT- A SWEDISH MODEL FOR INTENSIVE TREATMENT IN INTEGRATED PSYCHIATRY, A COMMUNITY BASED CASE MANAGEMENT MODEL: A ONE-YEAR FOLLOW-UP

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Object: To identify pathways of hospitalization and individual reasons for readmission of persons with schizophrenia. Decreasing case manager workload due to shared caseload for acute patients. **Design**



and Method: Outpatients (170) with psychotic disorders treated according to the community-based treatment program Integrated Psychiatry (IP) at the Reach- Out Team, in Gothenburg, were followed for twelve months. To reduce readmission due to a psychotic relapse the team adopted the Dutch Flexible Assertive Community Treatment model (FACT), adapted to Swedish conditions: Integrated Psychiatry –ACT (IPACT). Working with the patient's social network in so called Resource Groups and focusing on the individual's goals are cornerstones in the IPACT model. An adapted digital IPACT- board was used to list patients with increased risk for relapse. The board includes: reason for listing, diagnosis, current health risks, current status and plan for intensified actions. At a fifteen-minute meeting twice a week the board was updated and strategies for actions were planned and evaluated. **Result and Conclusion:** All team members, including administrators, had an increased knowledge of patients at risk of hospitalization. The reasons for readmissions have been identified. Preliminary data indicates decreased days of admission. Reduced workload has not yet been evaluated.

41402

EVALUATING ROUTINELY QUALITY OF CARE IN SEVERE MENTAL ILLNESS

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Objective: to evaluate routinely quality of care in severe mental illness through a set of clinical indicators. These indicators are related to the process of care, specific for each disorder and can be totally drawn from information systems. **Design and method:** 41 clinical indicators for schizophrenia, 33 for bipolar disorders and 13 for depression have been identified by experts of the Italian Society of Psychiatric Epidemiology (SIEP) through Delphi rounds. Indicators have been subsequently applied to health databases of Region Lombardy containing data on mental health activities, hospital admissions, health treatments and pharmaceutical prescriptions. The sample is composed by 28,191 patients with schizophrenic disorder (ICD 10 F2 category), 7,752 with bipolar disorder (ICD 10 F30-31 categories) and 19,271 with depressive disorders (ICD 10 F32-33 categories) that during 2009 were cared by the Departments of Mental Health (DMHs) of the Region. Benchmarking has been adopted to evaluate DMHs. **Results:** indicators have been analyzed by axis of the quality (i.e. accessibility, continuity, appropriateness, safety, sentinel events) and by phase of care (onset, acute phase, maintenance), showing strengths and weaknesses of the mental health care in Lombardy. **Conclusions:** clinical indicators are useful for evaluating quality of care and evaluation could be done routinely using current information system data.

41797

RESULTS OF AN IMMEDIATE, INTENSIVE AFTERCARE PROGRAM FOR NON-PSYCHOTIC PATIENTS

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Objective: We have recently introduced an immediate onset, high intensity aftercare program for non-psychotic patients after discharge from Psychiatric Centre Ballerup. The out-patient intervention was designed to substitute for continued admission. The objective of this study is to evaluate the result of the program, one year after introduction. **Design and method:** A non-controlled design, with measures obtained at day one, after 3 weeks and after 7 weeks (end of intervention). Demographic data was collected by therapists and level of symptoms and quality of life was assessed by validated questionnaires: Becks Depression Inventory (BDI); Kessler Psychological Distress Scale (K-10); WHO Well-being index (WHO-5); and Health-related quality of life (EuroQuol-VAS). **Results:** We have data on 125 patients: 47 % of the patients only received brief individual therapy, the rest received both individual and group therapy. The difference between the self-ratings at the three time points were highly significant ($p < 0.00001$, $N=44$). **Conclusions:** The patients show a clinical important improvement in the period after discharge, while treated in our intensive program. We lack data from a comparable patient group receiving no treatment or treatment as usual, that could inform us of the effect of the program.



42547

QUALITY OF MENTAL HEALTH SERVICES: THE STAKEHOLDERS' POINT OF VIEW. QUALITATIVE DATA FROM AN ITALIAN MULTI-CENTRIC PROJECT.

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Objective: to compare mental health stakeholders' (patients, family carers and mental health professionals) definition of Mental Health Services' quality. **Design and method:** this study is part of a National Project involving 6 Departments of Mental Health (Project Units) in 5 Italian Regions and it is funded by the Italian Ministry of Health. Each Project Unit involved mental health stakeholders into focus groups in order to define quality of mental health services according to their own experience. Results from focus groups in the different Project Units were merged during a national meeting held in Livorno and involving the 3 groups of stakeholders (25 mental health professionals, 25 patients, 24 carers). **Results:** Quality indicators (Q.I.) overlapping the 3 groups: personalization of care and recovery oriented care. Q.I. by patients and family carers: continuity of care, 24h access together with availability of psychological interventions. Q.I. by patients: backing of workers as well as workers' motivation and involvement in the process of care. Q.I. by mental health professionals: possibility to make decision based on the best for the patients and not on possible legal effects. **Conclusions:** Stakeholders' involvement in quality of mental health services can contribute to the definition of quality of services.

42986

EVALUATION OF THE RECOVERY-ORIENTED REORGANISATION OF THE PSYCHIATRIC SERVICES IN BREMERHAVEN.

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Introduction: In Germany, psychiatric services are institutionally separated from rehabilitation and social services. The psychiatric interventions are often mainly clinically and psychopharmacologically oriented. The research project describes the evaluation of a new, innovative project in Bremerhaven in order to create comprehensive community mental health services with peer workers, which should promote recovery and the realisation of a meaningful life for individuals with serious mental illnesses. **Methods:** The implementation of the recovery ideas will be evaluated by service users, professionals, managers and family members, using the Recovery Self Assessment – RSA-R Questionnaire in a trend study through a mixed method. The research project involves all stakeholders throughout the whole monitoring process: service users, users relatives, health care professionals, clinical managers take part in the questionnaire translation, in the data collection, data analysis and peer reviews of the results. **Results:** The qualitative part of the study, context analysis and questionnaire translation, has been concluded. The stakeholders have different expectations and background information about the reorganisation process. **Conclusions:** The contest analysis supports the involvement of various professionals, carers and users in the evaluation process. Declaration of interest: None

Residential care

38135

THE RESIDENCES FOR PERSONS WITH SEVERE MENTAL ILLNESS AS A THERAPEUTIC-REHABILITATION RESOURCE

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Value evolution of admitted residents in Roger de Llúria, Tres Pins and Begur, starting for description from population served: psychiatric diagnosis, sex, age and procedence and comparing the variations of its time of psychiatric admission, use of community rehabilitation resources, clinical stability, realization of ADL and quality of live (personal and social development); during previous year of its incorporation

to the R and 2 years relevant. Initial Sample: 65 residents, number which have been entered in the 3R during the latest 2 years (2009-2011). To measure the evolution are taken as variables: -ENAR Scale (in admission and second year admission). -Usual Rehabilitative Activity (before admission and at 2 years of income). -Number and income psychiatric stays (during previous year to the admission and subsequent years). Real value of change produced to come to live in a Residence observed when comparing: -Reduction in total time of days hospitalized. -Reduction in total value of ENAR. -The increased use of external rehabilitation resources. Also studied the change producer depending on the procedure and the age. Results show that the act of going to live at R for persons with mental disorder improved quality of life of the residents: with reduced hospitalization time, improve resource utilization of rehabilitation and improved in the general operation in the ADL, health habits and relationships.

39352

KENTWOOD PLACE*EHLERS N., NICHOLS J.A., ZIBIN T.*

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Objective. Kentwood Place is a transitional home where recovery is promoted through Psychosocial Rehabilitation (PSR) Services. Prevalent diagnosis of tenants is Schizophrenia (Paranoid) complicated by substance abuse and personality disorders. **Design and Method.** Kentwood Place is committed to an evidence-based approach in evaluating services and how tenants are progressing in recovery. Outcome measurement tools include: Functional Needs Assessment, Quality of Life Inventory, Empowerment Scale (making Decisions), Adult Dispositional Hope Scale, Rosenberg Self-Esteem Scale, Leisure Satisfaction Measure and Tenant Satisfaction. **Results And Conclusions**

Kentwood Place opened during 2007 with a total of 53 admissions since that time. Approximately 53% of admissions were male and 47% female, with an average age of 46 years. Average length of stay for tenants who transitioned from the program is 427 days. The majority of transitioned tenants (57%) moved either to independent living or a higher level of supportive living. Results from the measurement tools demonstrate that tenants feel empowered, are hopeful, have improved self-esteem and are satisfied with their leisure. These are important elements within the PSR model because of their value in measuring recovery. Evaluation results indicate that the program is supportive of tenants in their journey of recovery.

41550

THERAPEUTIC RESIDENTIAL SERVICE WORKERS: PLAYING AN IMPORTANT ROLE IN REBUILDING LIFE OUTSIDE THE LIMITS OF ASYLUM*ANTONACCI M.¹, KANTORSKI L.², SAEKI T.¹, CORTES J.¹, WILLRICH J.², RODRIGUES C.², COIMBRA V.², SILVA L.J.², ARGILES C.²*¹ Universidade de São Paulo - Escola de Enfermagem de Ribeirão Preto, Ribeirão Preto, BRAZIL, ² Universidade Federal de Pelotas - Faculdade de Enfermagem, Pelotas, BRAZIL

This aim of this research is to understand the working process of professionals who work in the Therapeutic Residential Service, potentialities and limitations in the process of rebuilding the life of a resident outside the limits of asylum. The work is characterized as being a "case study", with a qualitative research approach, that uses as theoretical referential the working process. Data were collected in May, 2010 in a Therapeutic Residential Service at Alegrete, a city in southern Brazil. The subjects of the research was specifically an interest group containing six laborers that were interviewed according to a guide defined beforehand. The analysis of the data was realized based on the analytical categories that have emerged from the mark theoretical-methodological – Working process – trying to identify the conceptions about the object, instruments used and the purpose regarding the work of professionals from the Therapeutic Residential Service. The analysis of the working processes of SRT professionals made evident a new construction concerning the elements involved in the mental health process. The object of work, the subject in psychic pain, is now seen as an enlarged object, belonging to a territory, to a family group as well as to a social group. Regarding how things have been done and what has been used in the working process, it was possible to identify the use of different techniques/instruments that support the changes proposed by the new mode of attention in mental health, based on the psychosocial knowledge, on bringing city and insanity together and on understanding madness as a different way of relating to the world, that demands distinctive insertion manners. This perception tries to provide a substitute item for mental hospitals, such as the freedom to walk around in a city, in

an attempt to help residents to rebuild their lives outside insane asylums. At the end of the study it is expected to motivate somehow the workers, who are part of the theoretical and practical skeleton of the psychosocial mode, to reflect on their working processes, which consists of sending people back to the city and mainly rebuilding the lives of many subjects outside asylum.

42401

COUNT AND FINANCING OF RESIDENTIAL FACILITIES FOR SEVERELY MENTALLY ILL IN BALANCED PUBLICLY FUNDED HEALTH AND SOCIAL SERVICES SYSTEMS

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Context and objectives: In a balanced publicly managed mental health care system, supervised residential facilities including long-term hospital settings may represent 60 % of the budget for less than 10% of severely mentally ill (Amadeo et al., 2007). In Canada, the sources of financing include the ministries of health and social services, the federal/provincial/municipal housing agencies, the ministry of justice (prisons and halfway-houses), transfer payment to individuals, public and private disability insurances, private donations and individual contribution. **Methods:** Using Province of Quebec's administrative data (circa 7.5 millions inhabitants), the paper counts the population-based array of supervised residential places and the costs per places ; ascribes the sources of financing for each type of residential setting ; compares the number of places and sources of financing with data available in the national and international literature. **Results:** About 30 % of the budget goes for supervised residential services, whilst another 25% is for short and long-term hospitalisation. The array of publicly funded supervised residential settings from the health, social, justice and housing sectors offer about 176 places for severely mentally ill per 100k inhabitants. **Discussion:** The proportion of budget allocated to supervised residential settings is comparable to other jurisdiction like Italy. The array and overall number of supervised residential settings is also comparable to other Canadian provinces. Further downsizing of psychiatric hospital, or downright closure, have been hampered by the availability of suitable supervised residential settings and failure or slowness of social housing to develop enough places, leaving the health and social services sector develop and run housing facilities in addition to provide clinical and social support.

42907

ONE SIZE FITS NONE: THE DIVERSITY OF COMMUNITY RESIDENTIAL FACILITIES FOR ADULTS WITH SEVERE MENTAL ILLNESS IN QUEBEC

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Context: When trying to understand or describe residential facilities for adults with severe mental illness, one faces heterogeneous definitions and a scarcity of information on its components and on staff activities/interventions. **Objective:** This presentation objective is twofold: 1) to introduce a fidelity scale designed to measure the structural and process components of residential facilities for adults with severe mental illness; 2) to present an overview of the large variety of residential facilities. **Methods:** A multisite and mixed methods study was conducted in Quebec. Phase I consisted of a conceptualization exercise entitled concept mapping (n= 624 stakeholders). Based on those results and a literature review a fidelity scale was developed. It includes 85 criteria operationalized using a five point Likert scale. Information is drawn from a 120 minutes semi-structured interview with the facility manager or staff. During Phase II, semi-structured interviews were conducted (n= 260 facilities). Psychometric properties were also documented. **Results:** Results describe the variety of residential facilities. Many components and therapeutic conditions are shared across facilities. Facilities classified under the same category can exhibit very different components. **Conclusion:** Documenting the components and the functioning of residential facilities is crucial to identify its critical components and to guide the development of residential programs which promote recovery.



43168

ALTERNATIVES AND POSSIBILITIES IN THE CONTEXT OF DEINSTITUTIONALIZATION: A STUDY ON THE IMPLANTATION OF THERAPEUTIC RESIDENCE FOR YOUNG ADULTS WITH PSYCHIC DISTURBANCES

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Introduction: The theoretical background is represented by the Italian psychiatric reform (Basaglia, 1985; Rotelli et al. 1990, Mezzina, R. 1992, Amarante, 1996) by the theoretical contributions of Gramsci and Foucault, and by the existential theories of phenomenology and of social deviance. **Hypothesis:** Do residential therapeutic services allow regaining lost citizenship? **Objective:** Objective of this research was to develop a study on the implementation of residential therapeutic services for residents of a psychiatric hospital in the state of São Paulo. **Design:** We conducted a comparative study between the model of “deinstitutionalization” implemented by the city of Santos and that of the city of Trieste (Italy). **Method:** The methodology used was that of the so called action research. Survey participants were four boys with mental disability ranging from 19 to 24 years old who were abandoned by their families in psychiatric institutions. **Results:** The study included 35 residents of the psychiatric unit, and 11 residents of three therapeutic homes in the city of Lins-SP (in the state of São Paulo we have today 236 residents). **Conclusion:** Although there is still a long way to go these social actors redeemed their life history going beyond the life they had in the “Institutions”.

Pratiche riabilitative: esperienze a confronto

42163

BIODANZA COME ESPERIENZA RIABILITATIVA IN UN CSM, ASL 3 GENOVESE

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Obiettivi. Favorire l'espressione delle abilità nel movimento fisico, elevare l'umore endogeno, migliorare la capacità di comunicare con gli altri, aumentare il giudizio di realtà, rieducare all'affettività, rinforzare l'autostima in un ambiente ricco di stimolazioni positive e benefiche. **Disegno.** Esperienza di gruppo, 14 persone maschi e femmine dai 30 ai 70 anni, condotta da una psichiatra del centro e una biologa, entrambe insegnanti di Biodanza, supervisionati nel corso dell'esperienza da due docenti supervisori delle Scuole di Biodanza di Genova e Milano. Le diagnosi riferite ai partecipanti sono le seguenti: disturbi d'ansia, depressivi, di conversione somatica, di personalità, schizoaffettivi e schizofrenici. **Metodi.** Applicazione del metodo: Biodanza sistema Rolando Toro, adattato ad un gruppo di pz.ti psichiatrici, favorente una progressiva integrazione umana tramite la musica, il movimento e situazioni d'incontro in un gruppo protetto, mediante stimolazione di VIVENCIAS integranti (esperienze vissute con grande intensità nel qui ed ora che coinvolgono la cenestesia, le funzioni viscerali e emozionali). Gli incontri di 1h, hanno avuto luogo da ottobre a maggio 2011-2012, in sessioni che stimolavano la vitalità, la creatività, l'affettività. **Risultati.** Il gruppo nel tempo è diventato più affettivo e integrato, con aumentata capacità di vivere emozioni piacevoli, legate al contatto e all'incontro umano, di verbalizzarle e di sperimentare relazioni di reciprocità benefiche. **Conclusioni.** Biodanza che è anche una metodologia di rieducazione affettiva, può essere affiancata quale ottimo sostegno alla terapia psichiatrica tradizionale.

42589

BUONE PRATICHE D'INTEGRAZIONE INTRAPSICHICA E SOCIALE IN RIABILITAZIONE ATTRAVERSO IL TEATRO

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Obiettivi. Lo staff di una Comunità Protetta dell'Oltrepò Pavese e un consulente teatroterapeuta esterno mostrano attraverso la loro esperienza di collaborazione come il cambiamento passi attraverso buone pratiche di integrazione.

Laddove vi è un'apertura all'interdisciplinarietà ed ai trattamenti integrati, il teatro diventa uno spazio "terapeutico" dove mettere in relazione tanto i personaggi interni alla psiche del singolo paziente, quanto gli attori esterni coinvolti insieme a lui nel personale progetto riabilitativo. **Disegno e Metodi.** L'impianto epistemologico analitico farà da cornice ad una serie di esemplificazioni cliniche che mostrano situazioni di cambiamento. A tal fine verranno utilizzati dati anamnestici, osservazioni cliniche tratte dal setting teatrale e da quello comunitario, nonché i correlati movimenti transferali degli operatori. **Risultati.** La nostra ricerca mostra come un modello condiviso d'integrazione, accompagnato da un approccio alla co-costruzione di senso della sofferenza fatta insieme al paziente, e alla disponibilità a mettersi in gioco da parte degli operatori, possa tradursi in un cambiamento. **Conclusioni.** Che si tratti del funzionamento psichico interno o di quello sociale, il cambiamento sembra avvenire attraverso l'incontro con quell'altro che è altro da sé e attraverso il benessere raggiungibile in seguito alla connessione tra le parti che compongono la complessità di un individuo o di un gruppo.

42599

LA LUCE DENTRO... NON HO LA PATENTE, NON HO LA MACCHINA, NON SAPEVO DOVE ANDARE

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Barbara ha qualcuno dentro la testa, lo indica toccandosi la fronte, "quello che mi fa sentire un mostro e non mi permette di fare le cose". Quando siamo in giardino accarezza i fiori con lo sguardo e con le mani, sembra di vedere una nobildonna del passato anche se il suo look è tutt'altro che convenzionale. Io ho molti mondi nascosti nella mia mente, uno di questi è la mia collina. Mi piace isolarmi e pensare a come essere libero, vorrei ritrovare l'energia di un tempo. Riccardo vorrebbe che almeno uno dei suoi tre figli lo riconoscesse di nuovo come padre, vuole essere ascoltato ancora. Teresa ha ritrovato la speranza dopo la scomparsa delle manie, possiede gli occhi e la grazia di una dea greca del Correggio più bello. Nevio è colui che ci sostiene, ogni tanto si ferma e continua il discorso con gli occhi, si vede che ama il suo lavoro, si vede perché guarda. Ora vogliamo onorare la temperanza e la giustizia formando un gruppo sotto una luce diversa agendo fuori dalle mura del centro diurno, il nostro obiettivo è creare cultura. Tutti hanno pensieri, paure e ossessioni, sarà nostro privilegio usare gli strumenti della speranza e dell'ascolto sotto le loro varie forme espressive, per aiutare le persone così dette comuni, noi compresi. Una recovery romanzata, un format itinerante che vorremmo raccontare a più voci.

42984

IL QUI È ORA!!! GRUPPO PSICOEDUCAZIONALE NEL SERVIZIO PSICHIATRICO DI DIAGNOSI E CURA (SPDC) PRESSO L'AZIENDA OSPEDALIERA UNIVERSITARIA SAN LUIGI GONZAGA, ORBASSANO, TORINO

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Obiettivi: Il gruppo psicoeducazionale "Il Qui è Ora!!", attuato presso il Servizio Psichiatrico di Diagnosi e Cura dell'Azienda Ospedaliera Universitaria "San Luigi Gonzaga" di Orbassano, ha come obiettivi principali il miglioramento dell'interazione tra i pazienti e gli operatori, una maggiore adesione al ricovero inteso come momento all'interno del percorso di cura e una maggiore consapevolezza del proprio disturbo, anche attraverso il riconoscimento dei segni precoci di crisi. **Materiali e Metodi:** L'intervento, condotto da due specialisti in riabilitazione psichiatrica, prevede un ciclo di 8 sedute, a cadenza settimanale. La seduta ha una durata di circa un'ora e mezza e si compone di 4 momenti: introduzione, ricapitolazione incontro precedente, tema del giorno e chiusura. Diversi sono i temi trattati, tra cui il modello stress-vulnerabilità, la terapia psicofarmacologica, i segni precoci di crisi, comprendere e gestire le emozioni. I materiali usati per le sedute sono 2 lavagne a fogli mobili e pennarelli. **Risultati e Conclusioni:** Trattandosi di un'esperienza pilota, al momento non si dispone ancora di dati statistici significativi, ma esistono prime indicazioni che l'intervento, come per altro confermato in letteratura, possa migliorare la compliance terapeutica, il monitoraggio dei prodromi delle recidive, la collaborazione dei pazienti con i curanti nella ricerca di una maggior adesione e, ancora meglio, di una "concordance" verso il trattamento e, infine, possa favorire un miglior clima in reparto riducendo i vissuti di isolamento conseguenti al ricovero in un reparto per urgenze psichiatriche e allo stigma sociale.



43091

LA PRESA IN CARICO INFERMIERISTICA TERRITORIALE PER PAZIENTI PSICHIATRICI

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Obiettivi. In alcune UUOO del DSM-DP dell'AUSL di Modena gli operatori dei CSM hanno condiviso con i pazienti strumenti di progettazione personalizzata del percorso di cura che valutasse da una parte il punto di vista del paziente psicotico rispetto all'esperienza della malattia e la consapevolezza della stessa, dall'altra fornire agli operatori gli strumenti per la governance del progetto di cura e presa in carico territoriale. **Disegno e metodo.** Utilizzo di strumenti valutativi ed interventi non farmacologici, di provata efficacia. Alla presa in carico del paziente viene compilata la Camberwell Assessment of Need, intervista semi-strutturata e quando indicato, l'utilizzo di terapie non farmacologiche: 1. Interventi Psicoeducazionali per le famiglie; 2. Terapia cognitivo-comportamentale. 3. Skills Communication Training. 4. Cognitive Remediation. **Risultati.** Questa nuova modalità di progettare l'intervento ha prodotto: -miglioramento della fiducia dei pazienti nei confronti del sistema curante. -diminuzione del n. di ricoveri e del n. di giornate di degenza. -riduzione dei drop out delle terapie farmacologiche..-miglioramento della compliance e degli equilibri familiari. **Conclusioni.** Nei disturbi mentali gravi, l'assistenza territoriale può e deve avvalersi di trattamenti e modalità complesse che possono ridurre la riospedalizzazione e migliorare la qualità di vita del paziente.

Mental health consumers as providers

37701

CHOICES: CONSUMERS HELPING OTHERS IMPROVE THEIR CONDITION BY ENDING SMOKING

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CHOICES is an innovative advocacy program targeting smokers with mental illness in NJ. CHOICES employs peer counselors, called Consumer Tobacco Advocates. CTAs provide educational presentations and individualized feedback sessions for mental health consumers statewide. The CHOICES program was created in 2005 to address the serious healthcare problem of smoking among individuals with mental illness. Seventy percent of mental health consumers are current smokers, rates that are 2-4 times greater than the general population. Despite these figures, many mental health treatment facilities do not offer any services to help consumers quit smoking. In six years, the CHOICES team has conducted more than 580 community visits to mental health centers, reaching more than 18,900 smokers with mental illness. The CHOICES program of peer-to-peer community outreach to help smokers with mental illness is the first of its kind. Few programs have been developed for addressing tobacco among people with mental illness that include consumers in the planning and delivery of services. The program exemplifies many aspects of a successful wellness initiative: It targets a group with a tremendous health care need, seeks to reduce the harm caused by tobacco, employs peers to reduce educational or cultural barriers, and develops partnerships for sustainability.

40548

NEW COLLEAGUES - HOW USERS EXPERIENCES CAN BE TRANSFORMED INTO USEFUL PRACTICE.

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In Bergen, Norway an educational course for users/patients has been developed. The aim is to enable users to work as helpers in the health and social services. The program is a partnership between the municipality, the Labour and Welfare Services and several users' organizations. The course lasts for one year. It includes practice as well as a written assignment. Most of the students receive some kind of financial support from the Labour and Welfare Services. The goal of the course is to transform the user's illness and treatment experiences into useful knowledge for the health and social services. In that way they can not only get a job and bring hope for recovery to other users, but they also can have a positive

qualitative impact on the services. These co-workers are at the moment working in sheltered houses, activity and culture centers and in education programs. Some of them have taken further studies, and some have got offers of better jobs based on their new skills. Very few are unemployed unless that is their own choice. The presentation will include experiences from work places where co-workers are currently employed. There will also be examples of individual recovery processes, told in their own words.

40981

RECOVERY PROCESSES OF PEER PROVIDERS: POTENTIALS AND CHALLENGES FOR PERSONAL AND SYSTEM INTEGRATION

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Objective: to gain comprehensive understanding of motivations, benefits and challenges of peer work in order to; a. learn about recovery processes, b. support peer work modality in mental health systems.

Design and method: 31 peer providers who work in diverse roles and settings were interviewed twice (once on their recovery processes as peer providers and then on their life story). Interviews were transcribed, recorded and analyzed. A mixed methods approach was employed using qualitative, narrative analyses, and self report. Research team included consumers. A theoretical framework of Self determination theory (SDT; Deci & Ryan, 2000) was applied. **Results:** outcomes provide rich data regarding: a. personal benefits in 5 wellness domains b. role, environment and occupational mechanisms that facilitate benefits, c. motivations to work and keep peer work, d. challenges in occupational path, conventional/peer-run organizations, and personal mental health. **Conclusions:** Peer work emerges as a unique service that can foster intrinsic motivation, well being and generativity among those engaged in it. However job development and structural challenges pose a threat to career paths of peer providers.

42403

CONSUMIDORES DE SERVICIOS DE SALUD MENTAL COMO PROVEEDORES: ESTUDIO COMPARATIVO DEL IMPACTO DE LA INTERVENCIÓN "MANEJO DE LA ENFERMEDAD Y LA RECUPERACIÓN, (PRACTICA BASADA EN EVIDENCIAS), CONDUCTIDA POR CONSUMIDORES O POR PROFESIONALES DE SALUD MENTAL

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Objetivo: El Programa de Manejo de la Enfermedad y la Recuperación (IMR) es una intervención psicosocial estandarizada que forma parte de Práctica Basada en Evidencia. La intervención promueve el auto-manejo de la enfermedad y del proceso de recuperación, enseñando a personas que sufren de severas enfermedades mentales (SEM) a manejar su enfermedad y síntomas en forma más eficaz, proporcionando conocimiento y desarrollo de estrategias personales con el objetivo de minimizar el impacto de la enfermedad en sus vidas, promover sus propias metas y así poder vivir vidas más plenas y significativas (Mueser et al, 2002). IMR esta compuesto por un manual que incluye 11 módulos y se basa en 5 estrategias de auto-manejo basadas en evidencias empíricas. El objetivo del estudio presentado fue evaluar la efectividad de grupos de IMR dirigidos por profesionales de salud mental en comparación con grupos dirigidos por proveedores que consumen servicios de rehabilitación (PC) (consumer providers). **Métodos:** 150 personas con SEM fueron randomizados en grupos de IMR dirigidos por profesionales, por PC o al tratamiento habitual (condición de control). Las evaluaciones se realizaron al inicio del estudio y al final del tratamiento (a los nueve meses). Se realizaron también entrevistas a 15 participantes representantes de cada grupo. **Resultados:** los participantes de IMR demostraron una mejora significativa en el manejo de la enfermedad en comparación a los participantes del grupo de control independientemente de quien dirigió la intervención (profesionales o PC). **Conclusiones:** El estudio respalda hallazgos previos (Solomon, 2004) y sugiere que el programa IMR es efectivo en la mejora de la capacidad de las personas con enfermedades mentales de manejar mejor su enfermedad, y promover sus metas, pudiendo ser proveído con igual efectividad por un profesional de salud mental o por un PC. Ventajas de cada grupo y beneficios de PC como conductores de IMR fueron identificados y serán desarrollados en la presentación.



43003

EXPERTS BY EXPERIENCE IN MENTAL HEALTH - HOW PEERS IMPROVE SERVICES

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Mental health care is often characterized by a medically orientated view of mental disorders and by a medically determined treatment with biological, psychological, and social components. More and more the borders of what is seen as good psychiatric practice is defined by evidence based treatments. Many aspects of what helps people recover are not addressed by an evidence based care system and many users are not satisfied with the service they receive. In their struggle for recovery, people use a vast scale of resources, both personal and social. A lot of these may not be evidence based in scientific psychiatry, but outside this discipline there is a much scientific support for it. A lot of scientific support is what we call 'experience based'. People who experience mental health distress and use mental health services bring a vast source of knowledge about supportive attitudes, methods and structures, which is still not recognized sufficiently in the existing range of mental health care. The EX-IN training, developed in an European pilot project, focuses on the experience knowledge. Within one year the course participants learn to reflect on their experiences with mental distress and to develop WE-knowledge. The Ex-IN movement in different European countries enhances the contribution of the knowledge and capabilities of experienced people to mental health service provision. It contributes to greater user and recovery orientation, and less discrimination and demeaning provision of mental health care. It also contributes to an improved status of experienced people as members of the paid staff of mental health services. This presentation will address the methods and contents of the EX-IN training and will demonstrate the resources and potentials of professional peer support.

Desafíos en salud mental comunitaria

38395

ITINERARIOS TERAPÉUTICOS EN SALUD MENTAL: ESTUDIO EXPLORATORIO EN SUJETOS CON PADECIMIENTOS PSIQUICOS SEVEROS EN LA QUEBRADA DE HUMAHUACA

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En el presente estudio se describen y analizan, a la luz de experiencias concretas, los itinerarios terapéuticos desarrollados por sujetos con esquizofrenia que habitan en el área programática XVI dependiente del Hospital Maimará provincia de Jujuy. Se realizó un estudio descriptivo exploratorio de corte cualitativo, que contempló diversas técnicas de recolección de datos: observación participante en los puestos de salud, entrevistas abiertas a efectores del sistema formal e informal de atención a la salud, a familiares de usuarios y relatos de vida a través de entrevistas en profundidad. Se identificaron dos modelos de atención a la enfermedad-Modelo Biomédico y Modelo Tradicional o Popular- que coexisten en las experiencias de los sujetos, evidenciándose que las organizaciones formales de salud no son el único territorio en el que se despliegan las prácticas de salud. Los circuitos y los recursos con los que cuentan los sujetos para sostenerse y reproducirse involucran agentes y espacios socio relacionales que incluyen desde las relaciones de vecindad a la inserción en espacios religiosos. A su vez se registraron limitaciones y deudas por parte del sistema formal de atención a la enfermedad y la inexistencia de prácticas que enfoquen la promoción de la salud mental y la prevención de enfermedades en el campo.

38947

CENTROS DE SALUD COMUNITARIOS (ALTERNATIVAS A LA INSTITUCIONALIZACION)

NEGRI G.

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El Servicio de Externación del Hospital Neuropsiquiátrico Especializado en Agudos y Crónicos Dr. Alejandro Korn, Ubicado en de la ciudad de La Plata, capital de la ciudad de Buenos Aires de la República Argentina, comprende tres centros de Salud que albergan 298 usuarios en proceso de Externación. La

Misión del Servicio es la reinserción comunitaria y vincular evitando los reingresos a las internaciones Psiquiátricas. Recibe el 70 por ciento de usuarios en procesos de externación del hospital psiquiátrico, 20 por ciento de internados y 10 por ciento de la comunidad. Los tres centros de salud han permitido reducir las internaciones psiquiátricas del 50 por ciento al 1,5 por ciento en aquellos usuarios que realizan tratamiento en estos dispositivos. La característica fundamental del tratamiento además de la asistencia Psiquiátrica, Psicológica (individual y grupal) y talleres de Expresión, es el seguimiento a través del área de reinserción comunitaria y vincular que acompaña a los usuarios en el proceso de externación en sus actividades sociales, laborales y culturales, así como la inserción en casas de convivencias en aquellos usuarios con necesidades básicas insatisfechas. Desde la creación de estos dispositivos se dieron el alta definitiva a 500 usuarios.

41150

NÚEVA LEY DE SALUD MENTAL EN ARGENTINA: OBSTÁCULOS, OPORTUNIDADES Y DESAFÍOS PARA LA EXTERNACIÓN DE USUARIOS DE HOSPITALES MONOVALENTES EN LA CIUDAD AUTÓNOMA DE BUENOS AIRES (CABA).

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La perspectiva de los derechos humanos y la afirmación de las personas con padecimientos mentales como sujetos de derechos son dimensiones centrales de la Ley Nacional de Salud Mental 26.657, sancionada en el año 2010, en Argentina. Los enunciados sobre la internación como último recurso y la necesidad de recrear dispositivos intermedios y de atención en la comunidad son desafíos que tensionan diversos intereses político-económicos, técnico-profesionales e ideológicos. Los **objetivos** del trabajo son: 1) Indagar las condiciones de posibilidad de externación de usuarios de hospitales monovalentes de salud mental de la CABA. 2) Caracterizar los obstáculos y facilitadores de las prácticas no manicomiales desde la perspectiva de los distintos actores sociales. Desde un **diseño** exploratorio descriptivo de modalidad cualitativa, se realizaron entrevistas, grupos focales y observaciones participantes en hospitales monovalentes públicos y dispositivos intermedios de Salud Mental la CABA. Se trabajó con tres submuestras intencionales y estratificadas: a) de trabajadores/as de los hospitales y dispositivos intermedios; b) de usuarios de salud mental internados y externados participantes de dispositivos intermedios; c) de gestores y decisores de políticas públicas en el sector. Entre los **resultados** se caracteriza un momento de transición en la hegemonía de sentidos y políticas del sector. A nivel discursivo se identifican facilitadores que operan como aperturas epistémicas y praxicas entre efectores y redes de usuarios y familiares, coherentes con la norma vigente, aunque cuestionan las dificultades de implementación y sostenimiento de dispositivos alternativos y sustitutivos. Por otra parte, los obstáculos de mayor resistencia se vinculan a sectores corporativos adherentes al paradigma tutelar manicomial y a modos de privatización institucional que encubren el antagonismo a las modalidades comunitarias y la centralidad en los derechos humanos de las personas con sufrimiento mental.

41792

CASA VERDE: PROYECTO DE PREVENCIÓN, APOYO Y SEGUIMIENTO PARA HIJOS DE PERSONAS CON ENFERMEDAD MENTAL DEL AMO GOMEZ R.

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Esta comunicación tiene como objetivo presentar el análisis de los datos y las conclusiones obtenidas después de un año de funcionamiento del equipo de Casa Verde. El proyecto Casa Verde tiene como objetivo implementar a lo largo de los primeros años de vida diferentes actuaciones preventivas ante la situación de riesgo social (enfermedad mental de los progenitores, etc), sobre todo en los períodos especialmente vulnerables como son: gestación, nacimiento y primeros años de la vida del niño. Presentaremos los datos y conclusiones de las 84 atenciones que hemos realizado: perfil de las embarazadas con trastorno mental, perfil de la diada madre-bebe, perfil de los padres y perfil de los niños, así como líneas de intervención para poder prevenir los déficits en el desarrollo y la presencia de síntomas en la infancia. Presentaremos la investigación que Fundación Manantial y la Universidad Pontificia de Comillas están realizando, investigación que tiene como objetivo establecer indicadores de eficacia del programa, así como poder tratar de identificar las variables tanto de personalidad como relacionales que en los padres-madres con trastorno mental pudieran ser relevantes para explicar sus competencias parentales y beneficiarse de la ayuda que el programa les brinda.



42860

DESAFÍOS PARA LA CONSOLIDACIÓN DE LA POLÍTICA DE SALUD MENTAL EN BRAZIL: ESTUDIO REGIONAL

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Introducción: En Brazil, la Política Nacional de Salud Mental (PNSM) sigue la tendencia mundial en todas las áreas de salud, con énfasis en las prácticas comunitarias, atención domiciliaria, los procedimientos institucionalizados en el lugar, mirando a la rehabilitación psicosocial de personas con trastornos mentales. Debido a la complejidad, su consolidación implica altas barreras relacionadas con la reestructuración de los servicios, las relaciones laborales, la adopción de nuevas tecnologías y la asistencia práctica, capacitación laboral, que influyen directamente en la calidad de la atención prestada. **Objetivo:** analizar los desafíos para la consolidación del PNSM en los servicios públicos de salud mental en el Estado de Goiás, región central de Brasil. **Metodología:** se realizó un estudio cualitativo y se llevaron a cabo entrevistas individuales con todos los coordinadores de la salud mental pública de los municipios de Goiás que tienen estos servicios. Los datos fueron sometidos a análisis de contenido con la ayuda del software ATLAS - ti. **Resultados:** los datos se agruparon en categorías temáticas y se examinó sobre la base de los documentos oficiales de Brasil y de la literatura sobre el tema. Los principales desafíos que ponen de relieve la necesidad de apoyo del gobierno en la atención psicosocial, la valoración de la estructura de los servicios, la creación de servicio de red social, el énfasis en la participación de la familia en el plan de tratamiento y la superación de los prejuicios. **Conclusión:** La participación de los administradores del Estado y los municipios con el área de Salud Mental, para promover la articulación de los servicios de red e inversiones en la educación continua para los profesionales, es esencial para la consolidación de la PNSM.

Family matters

41551

THE LIVED EXPERIENCES OF IMMIGRANT WOMEN MARRIED TO MEN WITH SCHIZOPHRENIA IN KOREA

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Objective: Immigrant women married to men with schizophrenia in Korea are experiencing difficulties in adjusting to the unexpected marital life. This paper aims to analyze the process and patterns of these women's marital life and provide implications for interventions to help them. **Method:** This paper is based on the grounded theory methodology. Twelve women, all mothers, were selected as research participants by aid of mental health centers, halfway houses, and multicultural family centers nationwide. The personal stories were collected by in-depth interviews. **Results:** The data analysis resulted in 163 concepts, 24 subcategories, and 11 superordinate categories. These women's adjustment process to marital life showed 4 stages from "Disappointment" to "Survival." The core category was "Enduring and Taking Root in the Fertile Soil." Their marital life had 3 patterns, and the most common pattern was "Eager to Escape." **Conclusions:** This paper initially reveals what the immigrant women married to men with schizophrenia in Korea suffer, and how they handle the unexpected marital life. To help these women to establish sound relationships with their families and to sustainably take root in Korean society, the local communities and the government should provide them with customized services to fit each stage and pattern.

41755

IMPROVING OUTCOMES BY DISCUSSING THE CIRCLE OF SECURITY HANDOUTS WITH MOTHERS WITH A MENTAL ILLNESS, WITH A DEPENDANT CHILD IN THEIR CARE

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Objective: 1. To familiarise the staff group to the Circle of Security (COS) handouts to enable discussion with the client group. 2. Does staff and parent discussions focussed on COS handouts contribute to increased parental understanding of their child's needs? **Design:** The present study utilized a mixed research methodology focusing on both qualitative and quantitative measures for both front-line staff and mothers with mental illness. **Method:** There were multiple data collection phases for both front-line staff and mothers participating in the study. A self-rated confidence questionnaire for front-line staff and mothers was implemented pre and post introduction to the COS handouts. The mothers also completed the Parenting Stress Index, self-rated their confidence in parenting and developed a personal portfolio, which included their reflections on their understanding of their children's needs and parenting role. **Results:** Staff and mothers reported benefits in being familiar with the COS handouts. **Conclusion:** Familiarity with the COS handouts assisted mothers to become focused on their parenting role and assisted them to strengthen their mother / child relationship

42828

THE CORRELATION BETWEEN FAMILY RESILIENCE AND OPTIMISM AMONG COLLEGE STUDENTS FROM FAMILIES LIVING IN POVERTY

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Beliefs are thought to impact on how families understands and respond to the exposure to the risk of adversity and on their ability to protect themselves (Patterson, 2002). Optimism has been seen as a family belief (Warter, 2009) and as a psychological resource for families facing adversity, especially those living in poverty (Taylor et al, {2010}); Moreover, optimism may promote resilient functioning (Taylor et al, 2010). This research aimed to investigate the correlation between family resilience and optimism among college students from families living in poverty. This study involved 104 college students who filled out a questionnaire on family resilience and optimism. Family resilience was measured by the Walsh Family Resilience-Questionnaire (WFRQ) (Walsh, 2012). Optimism was measured by the Life Orientation Test-Revised (LOT-R) (Scheier, Carver and Bridges, 1994). Results showed that family resilience and optimism had a significant positive correlation ($r = 0.256$, $p = 0.009$). In addition, findings showed that about 6,5% of family resilience could be explained through optimism.

42856

THE RELATIONSHIP BETWEEN THE PARENTING STYLE AND ADDICTION SUSCEPTIBILITY OF CHILDREN

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The main objective of this paper is to clarify how parenting style moulds their children's character, especially its relationship with negative character developments like addiction susceptibility of children. The present paper examines the types of communicative styles exist among the parents of young adults in predicting the addiction susceptibility rate of young adults from various cities of Kuzhistan province. This experimental research used a survey and sample size of 400 randomly selected students within the age range of 20-27. The tool used was ASQ Addiction Susceptibility Questionnaire student version and the PSQ parenting style Questionnaire was also implemented. The present data was analysed by multiple regression and correlation coefficients. The result suggests that parenting style has a strong significant relationship with the young adults behaviours and tendency to addiction.. According to the research findings it is recommended that since the most efficient parental style is powerful, practical training should be offered to the individuals intending to be future parents and thereby undergo counselling before or after marriage.



43372

CARING FOR THE CAREGIVERS: MENTAL HEALTH, FAMILY BURDEN AND QUALITY OF LIFE OF CAREGIVERS OF PATIENTS WITH MENTAL ILLNESS

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During the last few decades, there has been an increase focus all over the world towards community care of psychiatric patients thus leading to an increase in care giving responsibility on family and friends. It is a demanding and challenging task and places great demands on the caregivers. This change highlights the relevance of emotions and affections within a family, as well as the great amount of burden experienced by the family while taking care of a psychotic patient. Historically, interventions tended to focus and attempted to prevent relapse of the Service user. Consequently, Carers often feel ignored by mental health services. There is a need for more involvement with carers of clients with mental illness Family burden is a “psychological state produced by the combination of physical work, emotional pressure, social restrictions, and economic demands arising from taking care for a patient as well”. Study to understand Prognosis and Preferences for outcomes and Risks of Treatment reported that one fifth of all family members of severely ill patients had to quit work or make another major life change in order to care for their family members. Almost one third reported the loss of all their family savings and 29% reported loss of major source of family income¹. In Pakistan, family plays a vital role in patients’ life keeping in view of the closed family system /norms. Families are considered the backbone of the healthcare system. Mostly the primary caregivers are patients’ parents, spouses, siblings and children, who are providing physical and emotional support to patient for long period of time varying from months to years. The responsibility of caring can affect physical and mental health of caregivers adversely. Having a psychiatric patient as family member can lead to greater amount of burden on whole family like economic burden, feelings of hopelessness, depression, disturbed and unhealthy home environment, lack of social support, fear of stigmatised attitude, dysfunctional family roles. The aim of our services is to explore psychological and emotional stressors or burden in caregivers with patients with psychiatric illnesses and to provide them support.

Mental health services research

42619

CREATING A SHARED RESEARCH AGENDA FOR THE TREATMENT OF PATIENTS WITH BIPOLAR DISORDER

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Objective. A Dutch outpatient clinic for treatment of bipolar disorder seeks to narrow the gap between scientific research and daily practice. The objective of the present study is to assist herein. Through an interactive process, incumbent practices that separate research from providing care, are to be changed. This change process was started by creating a shared research agenda with all practitioners involved. **Methods.** Focus groups were held with each of the professions separately (nurses, psychiatrists and psychologists) about improving care for bipolar patients. The resulting integrated list of research topics was prioritised by each practitioner individually. In a dialogue session, shared priorities were presented and decisions were made regarding further research. **Results.** The research priorities, that would help provide better care, are: 1.Making a better and earlier distinction between personality disorder and bipolar disorder;2.Gaining insight in risk and protective factors, and applying these for prevention; 3.More insight in the influence of the ‘non specific bipolar’ (e.g. debts, social network) on the effectiveness of treatment. **Conclusions.** By involving users (practitioners) in research agenda setting, a shared research agenda was created, creating more ownership for research throughout the department, leading the way for a change in thinking, practices and services.



41820

BRIDGING GAPS BETWEEN PRACTICE AND GUIDELINES IN NORWEGIAN NATIONAL GUIDELINES FOR ASSESSMENT AND REHABILITATION FOR INDIVIDUALS WHO HAVE SUD AND MENTAL USE DISORDERS

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Background: Norway has recently developed clinical guidelines for the treatment of persons with concurrent mental disorders and substance use disorders. A gap-analysis of the current practices has been performed as part of the implementation. **Purpose:** Identifying gaps between current practice and the key recommendations. in order to develop appropriate implementation strategies. **Methods:** A nationwide survey with a representative sample of clinicians in psychiatric out-patient units (n=776) and in substance misuse out-patient units (n=271). **Results:** There is a large gap between psychiatric outpatient units with regard to practice, attitudes and knowledge about patients with substance use disorders. There is a lack of systematic screening for substance use disorders in psychiatric outpatient units and screening for mental health problems in substance misuse outpatient units. Clinicians in both systems are in need of training for assessing and treating persons with mental disorders and substance use disorders. **Conclusion:** In some areas there are large gaps between clinical practice and recommendations in the guidelines. We will discuss what changes in the current practice that are most needed, which aspects of care the implementation strategy should target, who should be involved in the process, and what implementation strategies that need to be developed.

41955

PATTERNS OF SOCIAL INCLUSION: THE EXPERIENCE OF CASA DELLA CARITÀ, MILANO

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Objective: To describe the population and the patterns of care of the clients of Casa della Carità (CdC). CdC is an innovative experience of social inclusion run by a private non-profit organization in Milan, Italy. CdC is a house hosting 120 people with a broad spectrum of vulnerabilities and conditions: people coming from psychiatric institutions or services, migrants with or without staying permit, people experiencing severe social exclusion and poverty. **Design:** a descriptive qualitative analysis of the population and of the patterns of care of CdC clients. **Methods:** narrative and cross-sectional epidemiological data. **Results:** CdC population is highly heterogeneous, it shows a variety of needs and is exposed to a variety of multidisciplinary interventions. **Conclusions:** the study shows that social exclusion and urban suffering are cross-dimensional categories. In spite of the broad spectrum of vulnerabilities, conditions and needs, the clients of CdC benefit from a common set of interventions directed toward the clients' empowerment.

42063

BEHAVIORAL CHANGE OF DRUG USERS/ABUSERS IN JAKARTA: A QUALITATIVE LONGITUDINAL STUDY

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Background: Substance abuse is a serious problem in Indonesia as recent reports indicate a dramatic increase in the use of illicit drugs among young people in the country. Many rehabilitation centers, both governmental and non-governmental, have succeeded in changing the addictive behaviors of their clients. However, there are also a number of those who finish the programs failing to remain clean. The main objective of the study was to find a new knowledge on the problems of relapse and dropouts among those who have attended rehabilitation programs. **Methods:** This was a longitudinal study employing a qualitative approach. Respondents were drug users in Jakarta greater area called Jabodetabek. Out of 34 respondents, 10 (29%) attended the rehabilitation program (Rehab group) and were compared with the 24 respondents who did not attend the rehabilitation program (Non-Rehab group). They were evaluated every four months for two years. Respondents from different socio-

economic status, age, sex, and educational level were selected. **Results:** The Rehab group tended to be more heroin-oriented, while the Non-Rehab group tended to be more marijuana-oriented as marijuana was perceived not addictive. Both groups had never attended rehabilitation programs before because the cost was expensive, because their parents did not know they were using drugs, and because of a mis-perception about the rehabilitation facility. They attempted to quit from drugs several times, but failed because they realized they were addicted. They commonly returned to their peers and missed the rituals of using needles. For those who attended the rehabilitation program but relapsed because they missed using drugs, coming back to drugs was a way to escape from depression and to feel strong physically; it was the result of the temptation of being around with peers. **Conclusions:** There is a need to develop special programs for “the failures” by neutral institutions that provide individual assessment to design a program that meet to the individual’s need.

42731

REVIEW OF COMMUNITY PSYCHIATRIC NURSING PROGRAMME: VIEWS OF CONSULTANT PSYCHIATRISTS AND SUPERVISING MATRONS

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Introduction. Community Psychiatric Nurse (CPN) performs Mental Health Promotion, Prevention, Curative Care and Rehabilitation in the community under the guidance of Medical Officer of Mental Health and Psychiatrist. The first batch of CPNs (n=46) were trained at National Institute of Mental Health in 2010 and currently serving their respective stations. **Aim.** To evaluate the duties of CPNs by respective Consultants and Matrons/Senior Grade Nursing Officers (SGNOs) a year after the initiation of the CPN programme. **Method.** Data was collected from consultants and SGNOs using a self-administered questionnaire. **Results.** There were 26 respondents. 87.5% consultants and 100% SGNOs commented that CPNs work according to assigned duties. All Consultants and SGNOs agreed that CPNs overall work performance is highly satisfactory or satisfactory. All of them 100% agreed that CPN work is very useful or useful in relation to patients care. 77.3% of Consultants and SGNOs thought that mean monthly admission rate had come down by 7.2. 57.7% of their CPNs prepare advance programmes monthly. 93.3% took approval for the monthly advance programme from director and/or Psychiatrist. 77% commented their CPNs maintain a record of daily activities. 73% commented their CPNs make emergency community visits. 100% took prior approval for emergency visits, 88.5% maintain a record for these visits while 94.4% make daily entries to the daily record about the emergency visit. 50% consultants and SGNOs accepted that the CPNs maintain a file at patients home. 88.5% CPNs take approved leave. 92.3% and 57.7% of CPNs wear casual dress and uniform for community/official events respectively. 57.7% get transport facilities from the institution. 66.7% of them get transport facilities when a vehicle is available and 93% get approval for the vehicle. 38.5% claim transport allowance. 58% commented that they get enough drugs for Community and 84.6% get from institutions. Mean number of monthly Depot injection is 22. 15.4% Consultants and SGNOs felt that their CPNs had difficulties with superiors while 77% commented that CPNs faced difficulties with Multi-Disciplinary Team. **Conclusion.** CPN programme has been effective in providing Community Psychiatric Services. Recommendation. A future study to determine consumer/family satisfaction with the CPN programme.

Modelos de intervención en rehabilitación

40788

¿EL MODELO DE COMUNIDAD TERAPÉUTICA DEMOCRÁTICA DE ORIENTACIÓN GRUPOANALÍTICA ES EFICAZ COMO TRATAMIENTO DEL TRASTORNO BORDERLINE DE LA PERSONALIDAD?

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Los tratamientos para pacientes borderline, como la Psicoterapia Focalizada en la Transferencia (Kernberg), el DBT (Linehan) y la Terapia de Mentalización (Fonagy y Bateman), son reconocidos en ámbitos clínicos y científicos. Sin embargo, los resultados de mejoría clínica, los criterios de inclusión al

tratamiento y el abandono indican las debilidades de estos abordajes. Desde la Psiquiatría Dinámica y Social, presentamos nuestro modelo de rehabilitación psicosocial para pacientes borderline en Hospital de Día con un programa de Comunidad Terapéutica de Orientación Grupoanalítica. Presentaremos la Terapia Grupal Dinámica Intensiva y Breve y se expondrán los resultados de las investigaciones en eficacia clínica y social de los últimos 10 años. Los pacientes se evaluaron antes y después del tratamiento con: Beck HS; STAI; Beck's Depression Inventory; Brief Symptoms Inventory. Evaluación de la relaciones con los otros; El Cuestionario de Funciones Sociales. Los resultados muestran una mejora sintomática en depresión, ideación autolítica y ansiedad. Las dimensiones sociales "Apertura a los otros", "Actividades de la vida cotidiana", presentaron mejoría significativa al alta. El abandono exhibió en dos estudios cifras de 32 y 26, 7%. Estudios longitudinales mostraron cifras significativas de conservación de esas mejorías. Se demuestra la eficacia del tratamiento en todos los estudios que hemos realizando.

41626

LUGARES COMUNES DEL LENGUAJE EN REHABILITACIÓN Y SUS IMPLICACIONES EN LA COMUNICACIÓN

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Introducción. La principal tesis de esta comunicación es que hay algunas ideas dentro del discurso de la rehabilitación psicosocial que, por el hecho de ser repetidas y asumidas sin ser cuestionadas, están impidiendo atender a posibles aspectos subjetivos y emocionales de la persona que acude a un servicio de rehabilitación. **Método y resultados.** Estas ideas, identificadas aquí como tópicos o lugares comunes, suponen un freno, cuando no una imposibilidad, para la recuperación de los usuarios en la medida en que acaban con su esperanza e impiden cualquier forma de debate intelectual entre los profesionales. Se analizan dos de éstos tópicos: la normalización y la conciencia de enfermedad. Los autores entienden que estos tópicos, muy presentes en el discurso profesional, pretenden el satisfactorio encuentro de quien los enuncia con la mayoría, el ocultamiento de la identidad y responsabilidad profesional en medio del número, la huida de todo cuestionamiento intelectual y, por tanto, la instalación permanente de los profesionales en una zona de confort e inacción. **Conclusiones.** Se propone entender la locura como una tabla de salvación necesaria, quizá desesperada y dolorosa, pero propia del ser humano como forma de recuperar el interés del profesional por la clínica, la biografía y las emociones de sus pacientes. Autores. Raúl Gómez Gómez. Subdirector del Departamento de Recursos de Atención Social. FUNDACION MANANTIAL. Madrid. Miguel Ángel Castejón Bellmunt. Director del Departamento de Recursos de Atención Social. FUNDACION MANANTIAL. Madrid.

42325

INTERVENIR DESDE LA EXPERIENCIA

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Objetivo. Proponer nuevas prácticas y métodos para la inclusión social desde los servicios, fundamentadas en el modelo de la recuperación. **Diseño y metodología.** Hemos diseñado, desde la reflexión de nuestra práctica profesional, una metodología que rescata la experiencia del usuario, la del profesional implicado y el valor de vivir experiencias significativas juntos para promover la recuperación y evitar la cronicidad. Establecemos las características que ha de tener una experiencia para ser significativa y el proceso para poder planificar y acompañar la vivencia. **Resultados.** Las experiencias significativas permiten que los afectos que habían quedado estancados vuelvan a circular y constituyen una oportunidad para derivar significados, posibilitando la construcción de una identidad positiva. Permiten un modo de inclusión social particular que privilegia la subjetividad, de manera que cada persona pueda construir un proceso personal y único de recuperación de los vínculos sociales y de inclusión comunitaria. **Conclusiones.** Esta metodología legitima una relación de ayuda más humana, centrada en la escucha, la contención emocional y la movilización afectiva. Permite explorar las capacidades, los significados y los deseos de cada usuario.

Define un nuevo lugar profesional, alejado del antiguo rol de experto. Consigue promover cambios significativos en los roles desempeñados y en la identidad, tanto del profesional como de la persona ayudada. Pone en evidencia que la re-articulación social es un proceso que debe apoyarse en la subjetividad, la creatividad, la investigación-acción y en la significación de las experiencias.



42400

BANCO PEDAGÓGICO: UNA ESTRATEGIA PARA LA REHABILITACIÓN EN EL SERVICIO RESIDENCIAL TERAPÉUTICO EN EL SUR DE BRASIL

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Introducción: Las personas que han vivido muchos años en instituciones psiquiátricas, tienen dificultades para conseguir un empleo o un ingreso que permite mantenerse a sí mismo y por lo tanto, en Brasil, se garantiza un ingreso mínimo a estas personas, a través del 'Programa Regreso a casa'. En el contexto de la SRT, los residentes tienen el dinero para potenciar lo social y por consiguiente hay una herramienta para ayudar a los residentes, para manejar su dinero, llamado 'Banco Pedagógico'. **Objetivo:** Describir y analizar cómo esta estrategia se utiliza en el SRT. **Metodología:** Este estudio es parte de la tesis de maestrato, que fue la etapa de investigación cualitativa 'redes que rehabilitan: la evaluación de experiencias innovadoras en las redes de la composición de atención psicosocial - REDESUL', Estudio de caso, realizado en el SRT en el municipio Caxias do Sul - RS, Brasil, a través de la observación participante. **Resultados:** El dinero se guarda en un sobre que residen las personas identificadas ponen con su nombre en un armario en la habitación de los profesionales. Todos los residentes tienen una cantidad para gastar en lo que quieran durante la semana. Los movimientos de dinero se registran en un libro, y se explica a fondo a los residente todos los movimientos que tienen. Incluso en los casos en que el residente no pueda llegar a comprender, pero profesional explicara lo mismo cualquier movimiento de dinero individual. **Conclusión:** La posibilidad de determinar su relación con el dinero puesto en importantes oportunidades de empoderamiento, contribuyendo al fortalecimiento de los lazos sociales de los ciudadanos en el supermercado, en el comercio entre los propios residentes, con los profesionales y con el entorno social que está sumergido.

43027

SALUD MENTAL Y ATENCIÓN PRIMARIA: ALGUNAS REFLEXIONES SOBRE LAS PRACTICAS PSICOSOCIALES COLECTIVAS

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La reforma psiquiátrica y la salud de la familia (ESF) en Brasil, destinadas a la integridad de la atención, priorizan acciones llevadas a cabo en la propia comunidad, sin que la persona sea retirada de su entorno social. En el ESF el planteamiento de problemas de salud mental ha sido problemático, porque la mayoría de los trabajadores no tiene formación en el área, los bonos y cercanía al pueblo traer los aspectos psíquicos, que a su vez hacen eco sobre la subjetividad del trabajador, poniendo en riesgo su propia salud mental. Nuestro objetivo es presentar resultados y reflexiones de investigación y prácticas psicosociales con énfasis en la organización de los espacios colectivos. El proyecto comenzó en 2004 y es desarrollado en la perspectiva de investigación-acción, con la participación de trabajadores de los equipos de salud. Se han utilizado como recursos metodológicos: entrevistas semiestructuradas, observación participante, procesos de grupo y diario de campo. Se han observado algunas dificultades: el desarrollo de ciertas habilidades para tratar con la persona con trastornos mentales y sus familiares, como el uso de la conversación como una herramienta (escucha, atención, cumplen con calma y paciencia); el uso indiscriminado de medicación psicotrópica (antidepresivos, medicamentos contra la ansiedad) y el retraso en las referencias para la atención especializada y contrarreferencia; la angustia del trabajador en la organización del trabajo se informó en distintos momentos; la relación de los equipos de salud con la red de servicios extraescolares en salud mental es frágil y no suficiente en la adecuación y aplicación de una red de atención; la falta de enfoque en la historia de trabajo de los usuarios. Las actividades han facilitado el proceso de reflexión sobre la práctica vivida, cuestionando la gestión de servicios y equipo de trabajo en proceso que se relaciona con la producción de atención a la salud mental.

Valutazione degli interventi: progetti e risultati

42026

LA VALUTAZIONE DEGLI INTERVENTI OFFERTI DAI DIPARTIMENTI DI SALUTE MENTALE PIEMONTESE DA PARTE DEGLI UTENTI

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Il nostro lavoro si colloca nell'ambito delle esperienze di ricerca che hanno visto una partecipazione attiva di utenti-ricercatori nelle varie fasi di sviluppo, realizzazione, analisi e diffusione dei risultati delle ricerche. Nel 2005 una review internazionale indicava 29 studi di questo genere, ma solo 3 condotti da utenti e solo 9 con tecniche quantitative. Nello studio sono state coinvolte otto ASL rappresentative del Piemonte. Nella prima fase si è costituito un gruppo di lavoro misto, composto da utenti e operatori, il cui fine è stato di produrre un questionario condiviso e di applicare le linee di metodologia alla realtà locale. Tale gruppo ha lavorato per due anni con incontri mensili e gli utenti hanno fatto un percorso formativo come intervistatori. Sono stati individuati 4254 utenti che rientravano nei criteri sopra citati. Su questo gruppo è stato effettuato un campionamento randomizzato di 1000 utenti. In seguito a contatti postali e telefonici, gli utenti hanno raccolto 115 interviste alle quali vanno aggiunte 102 risposte negative. In sintesi i risultati dimostrano una buona capacità di analisi da parte degli intervistati sul loro percorso terapeutico. La valutazione del trattamento è generalmente positiva. Ulteriori analisi verranno presentate nell'intervento.

42431

EFFICACIA NELLA PRATICA DI SERVIZI GESTITI DA UTENTI: LA FELICITÀ COME OBIETTIVO

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Finalità e obiettivi. Negli ultimi anni, a Como, grazie a un programma innovativo regionale, sono stati organizzati servizi gestiti da utenti integrati nella rete d'offerta del Dipartimento di Salute Mentale finalizzati a: 1. diffondere le esperienze di gestione di servizi da parte di utenti esperti in una logica di autonomia e di interdipendenza consapevole con i servizi tradizionali. 2. valorizzare la diffusione della conoscenza per esperienza diretta. 3. lanciare un messaggio di ragionevole fiducia nelle possibilità di guarigione. 4. rovesciare i pregiudizi esistenti nei confronti degli individui curati per disturbi psichici a partire dalla testimonianza di persone che si rivelano mature, responsabili, portatrici di valori e costruttori di comunità. 5. superare la logica assistenzialista e la ghettizzazione degli utenti a favore di una logica di valorizzazione delle risorse umane. **Metodi.** Gli autori propongono uno studio di esito condotto secondo la metodologia della Routine Outcome Assessment attraverso la creazione di un database che consenta la valutazione (1) degli erogatori di servizi offerti dai pari (utenti esperti) e (2) degli utenti che beneficiano dei servizi offerti. L'end point primario è il raggiungimento di un livello soddisfacente di recovery misurato con strumenti ad hoc (STORI) e in termini di utilizzo dei servizi, (ricoveri ospedalieri, altre prestazioni), rispettivamente nei servizi gestiti da pari esperti e nei servizi tradizionali. Vengono anche valutati sinteticamente (BPRS) le condizioni cliniche generali ed il funzionamento sociale (VGF). A livello di contesto, vengono valutati l'orientamento alla recovery da parte dei servizi e la soddisfazione degli utenti. **Risultati preliminari e conclusioni.** I primi risultati sembrano confermare l'efficacia nella pratica - rispetto al raggiungimento di obiettivi di recovery - dei servizi gestiti da utenti esperti in un'architettura dei servizi che garantiscano sia l'autonomia e l'empowerment dei pari che l'interdipendenza delle diverse articolazioni del trattamento.

42524

L'INTERVENTO RIABILITATIVO GRUPPALE: PIANO DI RICERCA LONGITUDINALE IN UN CENTRO PSICOSOCIALE DI MILANO

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Obiettivi. Valutare le aree d'efficacia del gruppo in percorsi riabilitativi con pazienti psichiatrici. **Disegno e Metodi.** Il campione è costituito da soggetti di entrambi i sessi (N = 40), affetti da psicosi o disturbi



di personalità, d'età compresa tra 28 e 65 anni, in carico presso il CPS di Zona 10 di Milano (Italia). La valutazione pre- e post-trattamento è effettuata attraverso AMDP (Arbeitsgemeinschaft für Methodik und Dokumentation in der Psychiatrie, 1995), General Health Questionnaire (Goldberg, 1972; GHQ-12) e Satisfaction Profile (SAT-p). Il piano di ricerca longitudinale prevede follow-up semestrale, lungo un periodo quinquennale. L'analisi dei dati sarà effettuata attraverso indagini a carattere correlazionale e multivariato. **Risultati.** Verranno presentati i primi dati dello studio di decorso (T0-T1), con particolare attenzione agli elementi e le dimensioni maggiormente caratterizzanti l'efficacia dei trattamenti gruppal. **Conclusioni.** L'applicazione di percorsi riabilitativi che prevedono l'utilizzo del gruppo non può prescindere da una valutazione degli effetti del trattamento, soprattutto in riferimento all'incremento di abilità sociali.

42574

PERCORSI TERAPEUTICO-RIABILITATIVI NEI CENTRI DI SALUTE MENTALE: EQUITÀ DI TRATTAMENTO PER ITALIANI E STRANIERI?

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Obiettivi Lo studio confronta pazienti italiani e immigrati dei Centri di Salute Mentale (CSM) dell'Azienda USL di Bologna, allo scopo di valutare equità ed appropriatezza degli interventi. **Metodi** Si sono considerati i pazienti in trattamento presso i CSM all'inizio del 2011 (n=11.434). I dati sono stati ottenuti dal sistema informativo della salute mentale e dalle schede di dimissione ospedaliera. **Risultati** I pazienti stranieri rappresentano il 4,6% dei casi. Il 16,0% degli italiani e il 15,1% degli stranieri ha ricevuto almeno un trattamento riabilitativo non residenziale nell'anno. I trattamenti residenziali riabilitativi (3,8% dei casi) non mostrano differenze significative nelle due popolazioni. I pazienti immigrati sono più giovani, più spesso occupati, presentano una maggior percentuale di psicosi rispetto agli italiani e ricevono in media un numero minore di prestazioni con una durata inferiore di presa in cura. Altre differenze rispetto ai nativi riguardano i percorsi terapeutico-riabilitativi (più frequenti i progetti orientati al lavoro, meno frequenti i trattamenti psicoterapeutici). Il ricorso all'ospedalizzazione è sovrapponibile quantitativamente, ma gli italiani ricorrono prevalentemente alle case di cura e gli immigrati ai Servizi Psichiatrici di Diagnosi e Cura; non vi sono differenze significative nei ricoveri obbligatori. **Conclusioni.** Alcuni indicatori di disuguaglianze nei trattamenti suggeriscono di approfondire l'indagine, integrandola con dati qualitativi, con informazioni clinico-anamnestiche più dettagliate e con valutazioni di esito.

42577

INSERIMENTO ETEROFAMILIARE SUPPORTATO DI ADULTI CHE SOFFRONO DI DISTURBI PSICHICI (IESA)

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OBIETTIVI. Il progetto IESA, che a Bologna nasce nel 2008, consiste nell'inserimento di una persona che soffre di disturbi psichici presso una famiglia di volontari appositamente selezionata ed abilitata ad accogliere i pazienti. L'ospitalità è regolamentata da un contratto tra l'AziendaUSL di Bologna, l'ospite e la famiglia ospitante che riceve un rimborso spese mensile e viene assistita e supportata dagli operatori di un'équipe preposta. Destinatari del progetto sono utenti adulti seguiti presso Centri di Salute Mentale (CSM) del territorio. L'accoglienza può essere part-time o full-time.Scopo dello IESA è promuovere l'empowerment della persona attraverso una crescita dell'autonomia e delle relazioni sociali ed offrire una risposta alternativa alla "residenzialità psichiatrica" contribuendo alla lotta contro lo stigma. Nel 2010 è nata una collaborazione con il Dipartimento di Psicologia dell'Università di Bologna con l'obiettivo di valutare, attraverso uno studio pilota di un anno, l'esito dello IESA sia rispetto a psicopatologia, distress psicologico e benessere psicologico dei pazienti, sia rispetto al funzionamento familiare e benessere psicologico delle famiglie ospitanti. **METODI.** Il periodo di formazione (anni 2007-2008) ha portato alla messa a punto di Linee Guida che esplicitano tutte le caratteristiche del Progetto I.E.S.A. e definiscono il Modello Operativo. L'équipe è multi- professionale, composta da 10 operatori aziendali con ore dedicate,una volontaria AUSER e una psicologa clinica volontaria. La ricerca avviata

in collaborazione con il Dipartimento di Psicologia ha come ipotesi che lo IESA induca nei pazienti un miglioramento sintomatologico, una diminuzione del distress psicologico e un aumentato benessere psicologico. Nelle famiglie si attende un cambiamento del funzionamento familiare e del benessere psicologico. L'assessment clinimetrico dei pazienti è stato effettuato tramite periodici colloqui con lo psichiatra referente e con i seguenti questionari autovalutativi: il Symptom Questionnaire (SQ, Kellner, 1982) e le Psychological Well-Being Scales (PWB, Ryff, 1996). La valutazione psicometrica delle famiglie utilizza le PWB e il Family Assessment Device (FAD, Epstein, 1983). Le valutazioni sono state fatte all'inizio della convivenza, a tre e a sei mesi. L'elaborazione statistica utilizza l'Analisi Multivariata con un livello di significatività $p \leq 0.05$. **RISULTATI.** Al 31/03/2012 le famiglie contattate sono state 688 di cui 49 abilitate. Sono stati inviati dai CSM 61 pazienti di cui 32 sono stati abilitati all'inserimento. Lo studio pilota rileva con il SQ una diminuzione statisticamente significativa dei punteggi nella scala dell'ostilità ($p=0.20$) e una tendenza alla significatività delle scale di ansia ($p=0.71$) e depressione ($p=0.91$). Con le PWB si nota un aumento a sei mesi dei punteggi alle scale: autonomia, padronanza ambientale, crescita personale ($p=.034$), relazioni, scopo nella vita e accettazione personale ($p=0.77$). I dati del FAD rimangono all'interno del cut-off ≤ 2.00 mostrando un buon funzionamento familiare: in particolare la dimensione del controllo comportamentale migliora in modo significativo ($p=0.40$). I dati delle PWB dei famigliari sottolineano una stabilità del benessere psicologico. **CONCLUSIONI.** I risultati dell'attività sottesa al progetto IESA sono complessivamente positivi sia quantitativamente, in rapporto alle ore dedicate, sia qualitativamente considerando le risposte positive del territorio, delle famiglie e dei servizi. Rispetto all'anno precedente tutti i pazienti hanno ridotto le giornate di ricovero e la terapia farmacologica. L'esperienza di questi anni, supportata dalla ricerca avviata insieme al Dipartimento di Psicologia, ci permette di affermare che lo IESA aiuta i pazienti a riappropriarsi della loro vita e del loro avvenire e può essere considerato uno "strumento" terapeutico e riabilitativo che porta ad un miglioramento dei sintomi e della sofferenza psicologica nei pazienti affetti da disturbi psichici.

MONDAY, 12 NOVEMBER

Meet-the-Expert

41010

PARENTAL MENTAL ILLNESS

MAYBERY D.

Monash University, Moe, AUSTRALIA

Associate Professor Darryl Maybery is a psychologist with over twenty years of clinical and research experience in the mental health field. Since 1999 he has been successful in obtaining 30 research grants totaling over \$1 million. He has published 14 reports for government and other agencies, has made over 50 conference presentations (multiple key note addresses to conferences, workshops or meetings), media presentations, written five book chapters and over 50 peer reviewed journal publications. His central expertise is in research in the area of families with a parental mental illness. He has multiple publications in this area include the focal research areas of trialing interventions for parents and children, workforce change initiatives particularly in mental health services and making estimates of prevalence and risk for children who have a parent with a mental health problem.

42047

EDUCATION OF PSYCHIATRIC REHABILITATION PRACTITIONERS: A SYSTEMATIC REVIEW OF THE EVIDENCE

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Since the 1980's, it has been asserted in the scholarly literature that education in psychiatric/psychosocial rehabilitation (PSR) theory and techniques is a necessary component of academic preparation for practitioners providing services to people with serious mental illness (SMI) and, in fact, may be considered an academic discipline in itself. This session will present a systematic review of peer-reviewed publications on the practices, outcomes and their predictors of PSR education and a discussion of that evidence. A systematic search of PubMed, PsycINFO, CINAHL, Academic Search Premier, and ERIC databases was conducted using the phrases psychiatric/psychosocial rehabilitation and academic/professional education/training. These terms were then combined with the terms education, higher education, undergraduate education, graduate education, medical education, psychology education, and social work education. Contents of three special issues of peer-reviewed journals devoted to psychiatric rehabilitation were also included. Fifty-three non-duplicated articles were identified. Several were non-systematic literature reviews of the subject that often included proposals for curricular changes to specific disciplines including psychiatry, social work, and psychology. Several others were surveys on the issue of PSR content within the rehabilitation counseling field. No controlled studies on the subject were found. Several non-experimental studies have been published, primarily program evaluations of the impact of specific PSR curricula on student career outcomes, their knowledge of PSR practices, and their attitudes. Student proximal outcomes were predicted by the number of completed courses in PSR as well as by demographic and career variables. Delivering PSR services to persons with SMI is acknowledged as requiring distinct knowledge and skill development. Despite this fact, there is not much research and relatively modest empirical support for specialized academic and professional education on this. More rigorous research on PSR education is required.



42607

PARLER EN INTERCULTUREL

FLEURY F.

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Dans mes divers activités de superviseur et de formateur en Suisse, (Fleury F., Fierro I., 2010, en Italie ,Castglioni M, Riva, R., Inghilleri P., la question des interprètes communautaires, traducteurs, traductrices, médiateurs, médiatrices culturelles est le talon d'Achille d'une communication entre professionnelles de la santé dans le sens Onusien et personnes issues de la migration. Divers approches dans le monde, (Fleury F., Mahmoud-Shwana S., 2010, Fleury F., Cuha M, 2001), se réunissent sous le droit absolu de pouvoir parler dans sa langue lors de souffrances vécues et qui demandent des soins psychiques et physiques. L'envie dans ce congrès serait de partager cette nécessité et en même temps de tenter d'y voir les limites qu'ils engendrent chez les divers acteurs et actrices presentes en situations interculturelles et avec les congressistes. L'échange des savoir faire des participants en sera la clef, les langues de l'échange pourront être le Français, l'Italien, l'Anglais. Ce désir de communiquer et de se comprendre est la condition sine qua non pour qu'un soin puisse s'approcher de son efficacité.

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Symposia

38686

A COMMON HUMAN EXPERIENCE: THE INTERNATIONAL HEARING VOICES NETWORK 25 YEARS ON*MACARIO M.¹, WADDINGHAM R.², CORSTENS D.², SANTONI A.³, CONTINI C.⁴, PIONA G.⁴*

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INTERVOICE, the international hearing voices network, is active since 25 years, starting from the researches of Romme and Escher. The approach to the experience of voice hearing promoted by Intervoice has clearly showed that the problem is the relationship between the voice hearer and the voices and also that almost always the voices are related with a traumatic life-event (sexual abuse, emotional neglect, being bullied...). Voices are messengers: they symbolize both the crisis and the efforts to overcome it. It's possible to deconstruct symptoms into real experiences/conflicts and in this way every single voice hearer can start his recovery journey and get back his life in his own hands.

39187

ICF AND MENTAL HEALTH: PRESENTATION OF A CORE SET FOR SCHIZOPHRENIA*MANNU J.¹, PERINI R.², PAOLOTTI P.³, BEDIN G.⁴*

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In the Symposium we are going to present a research with Mental Health Services in Italy to construct a core set of ICF for schizophrenic patients. The research with 200 patients has a goal of introduce an instrument of classification for the assessment of disabilities and resources of people with a diagnosis into the spectrum of schizophrenia. The WHO's International Classification of Function and Disability in the sector of Mental Health is an important instrument to evaluate the disability and the possibilities and strengths of the patients considering also the environment. In the Symposium we also consider the core set in the literature for depression and bipolar disorder and we like also to promote a check list for mental health. A reflection for the mini ICF is also considered for non-professionals.

39231

SI PUÒ FARE! ESPERIENZE DI COOPERAZIONE SOCIALE IN ITALIA*TEMPIA VALENTA L.¹, MALAVOLTA M.¹, LEONE M.¹, MARTINER BOT P.¹, DI MASCIÒ A.², BETTOLI L.², PANOZZO F.³, BORDIN L.³, SOLEI G.⁴, SVETTINI A.⁵*

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Il presente simposio si propone di illustrare alcune esperienze di cooperazione sociale nell'originale sviluppo del terzo settore in Italia. Il lavoro sarà introdotto da un inquadramento storico e da una sintetica condivisione dei concetti fondamentali relativi al panorama della cooperazione sociale in ambito socio-sanitario e di inserimento lavorativo di persone svantaggiate nel nostro paese. Successivamente saranno presentati alcuni interventi esemplificativi di come si declina il modello cooperativistico nei servizi riabilitativi, nelle aree relative all'abitare, al lavoro e alla socialità. La cooperazione sociale costruisce valore facendo impresa e sviluppo locale a partire da risorse "deboli". Può rappresentare in un territorio una delle principali realtà economiche che offre posti di lavoro. Questo modello, orientato al recovery, promuove nell'individuo la possibilità di riacquisire un ruolo sociale determinando un aumento del senso di efficacia personale insieme alla ripresa di speranza e di prospettiva esistenziale. Obiettivo del simposio è di giungere ad una riflessione condivisa su luci ed ombre di questo approccio, attraverso una rilettura che lo contestualizzi nella realtà socio-economica contemporanea. Questo modello, caratterizzato da flessibilità, riproducibilità e sostenibilità economica, potrebbe risultare interessante anche per una platea internazionale. Si prevede il contributo di operatori del settore e di utenti provenienti da differenti realtà italiane.



39313

FORGOTTEN CHILDREN: RISK PREVENTION IN CHILDREN OF MENTALLY ILL PEOPLE

*RE E.*¹, *SOLANTAU S. T.*², *TASSELLI F.*¹, *CERRI A.*¹, *SKOGØY B.E.*⁴, *AGNETTI G.*³, *BUONI S.*⁵

¹ Associazione Contatto - Niguarda Hospital, Milan, ITALY, ² Ministry of Welfare Finland, Helsinki, FINLAND, ³ Scuola IRIS, Insegnamento e Ricerca Individuo e Sistemi, Milan, ITALY, ⁴ Nordland Hospital, Bodo, NORWAY, ⁵ Blog MIA MADRE E' BIPOLORE, Rome, ITALY

The research is unanimous about the high risk for children of people with mental illness of developing psychiatric disorders themselves. In several countries, initiatives are born, with different targets, objectives, methods and services involved, to prevent this risk. The symposium will provide a general overview on the state of art, a discussion on family dynamics and family intervention and the presentation of some local experiences. Among these, Italy, that is a new entry in this area, will present the point of view of a family member and, with the Program "Little Flowers in Sesto", held in Milano, some crucial topics to be afforded at the beginning of similar programs.

40323

ASSESSING QUALITY AND OUTCOMES IN MENTAL HEALTH REHABILITATION SERVICES

*KILLASPY H.*¹, *CALDAS DE ALMEIDA J.M.*², *ROSEN A.*³, *HOLLOWAY F.*⁴

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Across Europe, many people with longer term mental health problems reside in some form of institution and concerns have been raised about the quality of care provided. This session will report on the development and application of an internationally validated quality assessment tool for longer term mental health care facilities, the Quality Indicator for Rehabilitative Care (QuIRC). The session will showcase the QuIRC in order to familiarise delegates with its content, usability and psychometric properties. Speakers will illustrate how the QuIRC can be used as a quality assessment tool at the local, national and international level and how it can be used as a research tool.

40335

IMPLICATIONS OF RECOVERY CONCEPT IN MENTAL HEALTH SERVICES' DELIVERY

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¹ Department of Mental Health - Past President SIP (Italian Psychiatry Association), Genova, ITALY, ² MD, Programmes Manager MSCM - WAPR Secretary General, Madrid, SPAIN, ³ Regional Health Authority - Past Chief of Local Health Authority of Ravenna, Bologna, ITALY, ⁴ Department of Mental Health - WAPR Italian Branch, Ravenna, ITALY, ⁵ Department of Mental Health - Health Authority of St. Anna Hospital, Como, ITALY

Implementing recovery paradigma in mental health services means to develop effective programs for people with mental illness that strengthen their skills to live as much as possible independently and meaningfully in the community. Since traditionally mental health services are chronicity-based, integrating recovery principles into practice pushes to deal with many issues, among others: 1) Networking with policy makers to spread recovery approach; 2) Changing professionals' beliefs; 3) Integrating the recovery principles in the treatments; 4) Supporting families and carers; 5) Adopting supported housing, education and employment programs; 6) Increasing the recovery-oriented workforce competencies; 7) Involving the users in services' evaluation. The symposium's presentations, from Spain and Italy, highlight how to put in practice recovery principles and what changes must be introduced in the mental health services' delivery, taking in account the worrying international panorama of funds' restraint too.



40867

MODELLI ORGANIZZATIVI E DI MANAGEMENT NELLA RIABILITAZIONE PSICOSOCIALE IN ITALIA

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La Società Italiana di Riabilitazione Psicosociale (SIRP) è impegnata ad approfondire il confronto tra diversi modelli organizzativi italiani al fine di delineare punti di convergenza e di differenza, e di implementare prassi operative condivise. Lo sviluppo di un sistema di psichiatria di comunità è un'acquisizione diffusa nel nostro Paese, ma l'applicazione di criteri di accreditamento rispettosi dei principi riabilitativi, l'implementazione del case management, lo sviluppo di servizi indirizzati al recovery, così come l'inclusione nella progettualità operativa delle associazioni di familiari ed utenti, si sono realizzate in modo assai disomogeneo sul territorio nazionale. In alcune realtà prevale un modello sanitario centrato sull'approccio ospedaliero, in altre un approccio territoriale più orientato sul modello sociale. Il rapporto tra modelli sociali e sanitari di organizzazione si presenta spesso problematico nella gestione delle strutture intermedie residenziali e semiresidenziali. I modelli di management rappresentano un meccanismo in grado di armonizzare ed implementare, in una prospettiva innovativa e di sviluppo, le azioni dell'integrazione sociosanitaria. Nel simposio saranno analizzate criticamente le caratteristiche comuni e differenziali delle normative ed indirizzi regionali in tema di riabilitazione psicosociale, valutando inoltre la loro capacità di indirizzare il management di attività e strutture psichiatriche verso programmi ed interventi qualificati e costo-efficaci.

42035

UN PROGRAMMA PER OTTIMIZZARE LE OPPORTUNITÀ RIABILITATIVE NEI PERCORSI DI INTEGRAZIONE LAVORATIVA

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Il Programma Innovativo Regionale Ala Sacco ha costruito, in collaborazione con i sei DSM di Milano, una piattaforma in rete di interventi mirati all'acquisizione di competenze specifiche per l'avvio e/o il mantenimento dei percorsi di integrazione lavorativa. **Obiettivi:** 1. Rendere sovrazionali e accessibili realtà riabilitative presenti sul territorio; 2. Promuovere l'acquisizione di competenze trasversali necessarie ai candidati nei percorsi lavorativi; 3. Specificare e rendere omogenei criteri di accesso e di valutazione in entrata e uscita. **Disegno e Metodi:** Applicazione del modello organizzativo "a cluster" che consente la messe in rete di interventi, su obiettivi ed azioni concordate, sostenuta da uno staff di operatori specializzati nella mediazione fra linguaggi di differenti comparti (coach multi-appartenenza). **Risultati:** a. Costituzione di 6 gruppi formativi sovrazionali. I gruppi "CantAla" e "Curriculum Vitae" verranno illustrati nei rispettivi metodi e risultati. - CantAla: promosso dalla Comunità Terapeutica "Cascina Cantalupa" e Ala San Paolo, finalizzato all'acquisizione graduale in gruppo delle autonomie e delle competenze di base. - Curriculum Vitae: promosso dal Centro Diurno del DSM dell'Azienda Ospedaliera San Carlo Borromeo, finalizzato ad acquisire, mediante lo strumento del teatro, competenze trasversali e di carattere relazionale, propedeutiche all'assunzione di un ruolo lavorativo e all'occupabilità. b. Co-costruzione di strumenti sulla base dei criteri di collocabilità: assessment. **Conclusioni:** La strutturazione di un sistema organizzativo ottimizza le risorse in rete, aumenta l'accessibilità e promuove coerenza tra bisogni e interventi.



41276

THEORY AND PRACTICE OF PSYCHOTHERAPY INTEGRATION AND PSYCHOSOCIAL REHABILITATION – ARCHAIC CONTROVERSIES OR NEW MEANING?

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Generally, the term integration refers to any orientation in psychotherapy that exemplifies, or is developing towards, a conceptually coherent, principled theoretical combination of two or more specific approaches, or represents a new meta-theoretical model of integration. In Psychosocial Rehabilitation (PSR), it is used to identify a holistic approach of the needs and an Individualized Care Project of the suffering subjects the reductionism of the bio-medical model. However, integration is widely perceived as a desirable goal, but it is not readily attainable. The movement of integration promised several advantages: clarity through recognition of common factors and a common language for the many overlapping concepts and strategies; improved outcomes via selection of the most effective and operative concepts and strategies; and a framework within which new ideas could continue to evolve. The aim of this round table is to explore, an epistemological theoretical and clinical level, the possible converging factors and mechanisms of the three major psychotherapeutic models, psychodynamic-psychoanalytic, systemic and CBT in the common setting of PSR, by overcoming the usual "ideological" fragmentation of a dialogue. The use of common vignettes might be useful in order to understand if a process of integration in PSR practice is possible.

41512

REHABILITATION AND RECOVERY IN EASTERN EUROPE

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The separation of rehabilitation and recovery needs new strategy, new style in the treatment for the professionals. The concept of recovery is defined and discussed in multiple ways. The definition has two classes. According to the longitudinal Studies the remission means an improvement of psychiatric symptoms and deficits. Therefore in this concept the goal of the treatment is the remission, what is the professional side's definition of recovery. We can realize this goal by a rehabilitation program, what based on services. The other class is from the side of the consumers. In this concept the recovery may have symptoms remission, but it is not required the normal functioning. According to this concept the recovery is a process toward the personal growth and to an acceptable quality of life. This is the user-based recovery process. In this concept spirituality has very important role.

41537

WRITING FOR AMERICAN PSYCHIATRIC JOURNALS

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This workshop will focus on what participants need to know about when writing for American psychiatric journals. It will feature authors, reviewers and editors of several journals as well as Italian psychiatrist/authors who are accustomed to writing for American psychiatric journals.

41552

GETTING AND KEEPING FUNDING*TAINTOR Z.*¹, *DRAKE R.*², *BARBATO A.*³, *GUINEA R.*⁴, *MURALI T.*⁵, *PAVAGADA R.*⁶¹ New York University School of Medicine, USA, ² Dartmouth University School of Medicine, Hanover, USA, ³ Mario Negri Institute, Milano, ITALY, ⁴ Hospital de Dia, Madrid, SPAIN, ⁵ M.S. Ramaiah Medical School and Hospitals, Bangalore, INDIA, ⁶ Te Rawhiti Mental Health centre, Auckland, NEW ZEALAND

Getting and keeping funding for rehabilitation programs has been difficult. Where will the money come from? New funding can be allocated, or other governmental expenditures can be offset. This symposium looks at the experiences in the United States (IPS program, parity for mental illness, California funding), two countries in Europe that have had severe budget cutbacks (Italy, Spain), one large developing country in which increased attention has been paid to mental health (India) and one small, developed Pacific country (New Zealand). Presentations for each country will include: numbers of people regarded as disabled due to mental illness, disability duration, %GDP for health, mental health, disability and other entitlements, the interplay between disability and unemployment funding and social service funding. Methodological differences in developing statistics will be explained to show what comparisons can be made. Recent initiatives in getting funding, successes and failures in keeping funding, and lessons gained from recent developments. In developing countries the number of people counted as disabled has risen steadily with increased life span and more attention to providing supports for people with mental illness. The recovery model emphasizes overcoming disabilities and various incentives will be described that have had more or less success. Dr. Drake will describe the financial aspects of the IPS program, shown to reduce disability in many countries. Drs. Barbato and Guinea will describe what programs have survived the massive budget cuts in their European countries: what programs have survived and how; what innovations have been born out of extreme austerity. Dr. Murali will describe how priorities are set in India, with its emerging middle class and increasingly free economy. Dr. Pavagada will describe how each \$1 spent on employment programs saves at least \$1.11 in disability costs. Dr. Taintor will describe the effects of requiring insurance coverage for mental illness equal to that for physical illness and the special tax on millionaires in California to support mental health programs, showing how Initiatives that seemed well-earmarked for programs can be diverted. Speakers will comment on the relative strength of the different advocacy groups in each country.

41845

RESILIENCE OF FAMILIES AND THE TRIALOG BETWEEN MENTAL HEALTH WORKERS, SERVICE USERS AND FAMILY CARERS: CHANCES AND CHALLENGES OF DIFFERENT EXPERIENCES ACROSS EUROPE*HERRMAN H.*¹, *AMERING M.*², *FERRAZ M.*^{3A, 3B}, *MUGGIA E.*⁴, *SVEGLI P.*⁵, *SHIFFRER C.*⁶, *STEFFEN S.*⁷, *PINI P.*⁸, *SANSI E.*⁹, *NEVES M.*¹⁰¹ Centre for Youth Mental Health, University of Melbourne, Australia, ² Department of Psychiatry and Psychotherapy, Medical University of Vienna, Austria, ^{3A} Dep. of Mental Health, Faculty of Medical Sciences, Nova University, Lisbon, PORTUGAL, ^{3B} National Mental Health Program, Directorate-General of Health, Lisbon, PORTUGAL, ⁴ Unione Nazionale delle Associazioni pe la Salute Mentale, Italy, ⁵ Association of Families of People with Mental Illness Porte Aperte, Ravenna, Italy, ⁶ Association of Families of People with Mental Illness A.M.A. la Vita, Ravenna, Italy, ⁷ European Federation of Associations of Families of People with Mental Illness EUFAMI, Leuven, Belgium, ⁸ Mental Health Europe, Brussels, Belgium, ⁹ European Network of Users and Survivors of Psychiatry ENUSP, Brussels, Belgium, ¹⁰ Advisory Commission Users and Carer Participation, Lisbon, Portugal

While living the catastrophic experience of mental illness, families can recover from trauma of mental illness. Alongside emotional/physical burdens, family has a potential for resilience, fostered by personal resources, by close relationships and by the possibility of growth as individuals as well as group. The symposium, built with families, users and professionals, tackles familiars' resilience, highlighting favoring factors, including attitudes/skills of mental health services' professionals. Growth is possible in the framework of a partnership of families, users and professionals. The call for inclusion of service users and their families and friends as equal partners in delivery and planning of mental health care is an exciting challenge worldwide. In order to understand, respond to and benefit from new partnership models in mental health it is essential to identify the resulting needs for chances as well as the main challenges. Helen Herrman will set the scene by describing the work of the WPA's (World Psychiatric Association) first trialogic taskforce on best practices in working with service users and carers (Wallcraft et al, 2011).

Sigrid Steffen, Ernesto Muggia e Paolo Svegli will give an overview of family carers' perspective. Four experiences of partnership between stakeholders across Europe are presented. Mental Health Europe (Pino Pini) will present the Joint Experiences and Local Mental Health System Project as an example of integrated work among services, users and carers and local governments in Italy. The critical needs and level of support required by carers will be discussed. ENUSP (Erveda Sansi) will share its experience of partnership between users, ex-users and survivors of psychiatry across Europe to provide information and support, and actions against psychiatric abuses. Finally, the Advisory Commission Users and Carer Participation (Maria Neves) will present the working group composed of users, informal and formal carer representatives with the aim to provide support and advice in the field of user, carer and community participation, self-help networks and advocacy in the current Portuguese mental health reform (Marta Ferraz).

41969

INTEGRATED PSYCHOEDUCATIONAL STRATEGIES, THEIR DISSEMINATION, AND CONTAMINATION OF THE REHABILITATION CLINICAL PRACTICE

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The Symposium is focused on the application of the integrated psycho-educational cognitive-behavioural treatment, developed by Ian Falloon. The implementation of these innovative clinical strategies in different settings will be presented and discussed by the authors.

42281

SALUTE MENTALE E DETENZIONE: L'ESPERIENZA ITALIANA

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In Italia sono presenti 206 istituti carcerari per la popolazione adulta, 19 per i minorenni e 6 Ospedali Psichiatrici Giudiziari. Nel 2008, le funzioni sanitarie svolte dal Dipartimento dell'Amministrazione Penitenziaria e dal Dipartimento della Giustizia Minorile del Ministero della Giustizia vengono trasferite al Servizio Sanitario Nazionale. Le Regioni garantiscono gli interventi alla popolazione detenuta attraverso il personale delle Aziende Sanitarie, nel cui ambito territoriale sono ubicati gli istituti penitenziari ed i servizi minorili. Nel febbraio del 2012, il Parlamento nazionale ha approvato una norma per il definitivo superamento dell'attuale organizzazione degli Ospedali Psichiatrici Giudiziari e la loro chiusura entro il marzo 2013. L'istituzione di funzioni organizzate dedicate alla Salute mentale, integrate con i Servizi per le Dipendenze e la medicina di base può:

- facilitare una modalità operativa non più settorializzata e frammentata, ma una gestione diretta ed integrata;
- affrontare, quindi, in modo più efficace le problematiche della sofferenza psichica della popolazione detenuta marcando profondamente il carattere terapeutico dell'intervento versus la penalizzazione del danno e il contenimento della pericolosità;
- ridurre la disparità di trattamento tra cittadini liberi che possono utilizzare cure aggiornate ed efficaci e cittadini detenuti che, per la loro collocazione in un regime separato e ristretto, non ne possono usufruire;
- garantire, a fine pena, il mantenimento della continuità assistenziale.

Questi temi verranno affrontati con la partecipazione di clinici, giuristi, dirigenti ministeriali e rappresentanti dell'associazionismo.



42389

EUROPEAN AND US CLUBHOUSES: EMERGING POLICY, ORGANIZATIONAL PROSPECTS, AND RESEARCH INITIATIVES

Panel 1

PERNICE-DUCA F.¹, ONAGA E.², D'ANGELO L.³

¹ Wayne State University-Counseling Psychology, Detroit, USA, ² Michigan State University – Human Development & Family Studies, East Lansing, USA, ³ Magnolia Clubhouse, Cleveland, USA

Panel 2

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¹ International Center for Clubhouse Development (ICCD), New York, USA, ² European Partnership for Clubhouse Development (EPCD), Working Group Research, Taastrup, DENMARK, ³ Club Itaca, Management and organisation, Milano, ITALY, ⁴ Accenture Italia, Milan, ITALY

Objective: Symposium shares knowledge on research results and good practices of the empowering. This symposium includes two panel presentations involving U.S. and European Psychosocial Clubhouse programs (CH). The objective is to share knowledge on research and best practices of the CH as empowering model in serving people with psychiatric conditions. Presenters will share organizational characteristics of CH programs, process outcomes and the perceived impact of CHs on families. Presenters will raise participants' awareness of the content and quality standards of the model. Currently, 340 CHs are located in 30 countries worldwide with approximately 80 CHs in Europe. Participants become familiar with the work of the International Center for Clubhouse Development ICCD and with the EPCD, the European Partnership for Clubhouse Development. European presentations will add to U.S. outcome studies by also sharing key findings of the recent studies in Europe. Together, these panels complement one another by demonstrating the value-added of CHs to the array of community-based mental health services, such as those reported by the international project, Empowering Adults with Mental Health Problems (EMPAD). The symposium consists of introductions by the chair and co-chair and two panel presentations involving research and practice in U.S. programs and a panel involving mental health policy context and organizational prospects for Clubhouses in Europe. Mixed-methods methodology across projects will be shared to illustrate policy studies and research approaches utilized in European and U.S. projects. **Panel 1** will present research and practices of U.S. psychosocial clubhouses across multiple levels: organizational, family, and consumer. **Panel 2** increases symposium participant's awareness about the potentials of the CH model in Europe to support people with mental disorders in their recovery and inclusion, and understanding the model's relation to the international mental health policy recommendations. Participants become familiar with the positive impacts of CHs both for CH members and the funding agencies, and with the roles of ICCD and EPCD. Overall, CHs demonstrate positive impacts to member's recovery and social inclusion and strengthen community-based approaches to mental health services. The model uses available community resources and fits in the WHO Pyramid Framework (WHO 2007) for mental health policy and Community-based rehabilitation - guidelines (WHO 2010).

42606

CULTURA TEATRALE, SALUTE MENTALE E CITTADINANZA IN SCENA. L'ESPERIENZA DELLA REGIONE EMILIA ROMAGNA. IL TEATRO COME STRUMENTO DI RIABILITAZIONE SOSTENIBILE

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1. La Regione Emilia-Romagna, sensibile alle tematiche della riabilitazione e dell'inclusione sociale rivolta agli utenti dei Dipartimenti di Salute mentale, ha sviluppato e finanziato un progetto regionale "Teatro e salute mentale", significativo strumento per la promozione del benessere individuale sociale a cui hanno partecipato la gran parte dei Dipartimenti di salute mentale della regione. 2. Gli autori illustrano i passi operativi necessari all'organizzazione e attuazione del progetto "Teatro e salute mentale" regionale nei diversi Dipartimenti coinvolti: dal monitoraggio delle esperienze alla creazione del gruppo, attraverso la realizzazione di specifici eventi (teatrali, formativi, seminari, di comunicazione, di inclusione) per



una relazione con la cittadinanza. Un'azione di prevenzione, promozione della salute, riabilitazione e di superamento dello stigma. 3. Gli autori presentano la valutazione degli esiti clinico-socio-riabilitativi degli utenti dei servizi di salute mentale inseriti nel progetto "Teatro e salute mentale" a tre anni dal suo inizio. Gli esiti sono stati valutati mediante l'utilizzo di un set di valutazione multidimensionale nell'ambito di uno specifico progetto di ricerca, elaborato dall'Agenzia Sociale Sanitaria Regionale in collaborazione con le Aziende USL di Parma, Modena, Imola e Forlì e con l'Istituzione Gian Franco Minguzzi della Provincia di Bologna. 4. Il progetto sperimentale "Teatro e salute mentale" della Regione Emilia-Romagna, sviluppandosi nell'arco di tre anni ha coniugato ai fini abilitativi il mondo della sofferenza psichica, il mondo dello spettacolo e gli operatori dei servizi di salute mentale. Ha avviato una strategica contaminazione fra mondi con aspetti positivi di novità, non sempre di facile gestione. Gli autori presentano un percorso a tutto campo di inclusione sociale, di cui si illustrano i significati e le potenzialità, ma anche le criticità emerse e le soluzioni delle stesse.

42666

LA FUNZIONE DEI DSM ITALIANI NEI PERCORSI DI FORMAZIONE E D'INSERIMENTO LAVORATIVO: PROGETTO INSERIMENTO LAVORATIVO (PIL) BRACCO R.

Dipartimento di Salute Mentale di Trieste/ASS1 Triestina, ITALY

Al Progetto Inserimento Lavorativo (PIL) hanno partecipato tutte le regioni italiane e le province autonome. L'adesione allo studio è stata buona in tutte le regioni italiane, fatta eccezione per la Lombardia, la Basilicata e la PA di Bolzano. Le analisi hanno riguardato 179 DSM che hanno fornito le informazioni, sui 198 complessivi, pari al 90.4%. L'anno di riferimento è il 2008. I DSM che hanno promosso percorsi di inserimento lavorativo delle persone con disturbi psichici in contatto con i servizi di salute mentale sono 173. Il censimento dei DSM ha rilevato un'ampia variabilità regionale in termini di popolazione servita, capacità di fornire informazioni sull'utenza, numerosità del personale. I DSM hanno promosso i percorsi di formazione e d'inserimento lavorativo attraverso articolazioni organizzative interne in 6 DSM, esterne in 27 DSM, o entrambe in 142 Dipartimenti. 169 DSM hanno messo a punto collaborazioni con articolazioni organizzative esterne, in particolare la cooperative sociali di tipo B e le agenzie di collocamento. I tassi di assunzione su 100.000 abitanti nel 2008 vedono al primo posto la PA di Trento (Val di Fiemme per effetto della L. 381/199), le Marche, il Veneto ed il Friuli Venezia Giulia. Lo studio ha coniugato la sanità territoriale con la ricerca creando una rete collaborativa di servizi funzionale al censimento di un campione rappresentativo su scala nazionale. Relativamente ai percorsi di formazione ed inserimento lavorativo promossi dai DSM si è resa evidente la necessità di implementare un sistema per la raccolta di dati sui percorsi di inserimento lavorativo promossi dai DSM. Relativamente alle caratteristiche organizzative dei DSM italiani ci si chiede se i Livelli Essenziali di Assistenza siano sufficienti a garantire l'equità nell'accesso alle cure. L'analisi delle esperienze esemplari ha messo in evidenza il ruolo della cooperazione sociale in termini di sviluppo di pratiche inclusive e di effettiva implementazione di reti a supporto dei percorsi formativi e di inserimento lavorativo.

42770

INDIVIDUAL PLACEMENT AND SUPPORT (IPS) TO REACH COMPETITIVE EMPLOYMENT BY THE SEVERELY MENTALLY ILL: ACHIEVEMENTS, CHALLENGES AND OPPORTUNITIES IN EUROPE

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Individual Placement and Support (IPS) is a psychosocial intervention aimed at helping people with severe mental illness to reach competitive employment which has consistently proved to be effective in the USA since its introduction in practice in early '90s. In a large survey of more than 250 programs run in 14 American states over the last ten years about 43% of users who received IPS reached competitive employment positions. IPS has also been tested also in Europe with similar results. The EQOLISE study (2003-2005) carried out in 6 EU sites showed a clear superiority of IPS over traditional vocational intervention, independently of different mental health, welfare and labour market regulations. IPS is national policy in the UK, and in some Italian and Spanish regions and in the Netherlands it is recommended by official guidelines. Programs are currently run in several other EU countries. The symposium will present evidence from centers which have a long experience about IPS in Europe, focusing on opportunities and problems arising from its implementation in NHS frameworks and during a severe economic and financial crisis.



42794

SOCIAL NETWORK PERSPECTIVES ON PSYCHOSOCIAL REHABILITATION

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Social network interventions are based on the understanding that the sum of an individual's relationships has a significant effect on his or her life. These relationships can be the source of social influence and constraint as well as emotional support and instrumental resources. The mobilization a person's social network has been shown to facilitate coping and daily functioning and to hasten recovery, prevent social isolation and increase access to community services. Yet many questions regarding the dynamics of effective versus non-effective network interventions remain unanswered and there is a continuing need for further analysis and more detailed studies. As a point of departure for discussion the participants will present a variety of innovative interventions and theoretical approaches highlighting the importance of social network perspectives for psychosocial rehabilitation. The goal of this symposium is to examine how these perspectives may optimize service users' recovery processes, help the social network members to cope better with the situation, and to facilitate closer contact and better cooperation between professionals from different service levels.

42858

WHAT IF I SHARE MY LEADERSHIP? THE BOSTON GLOBAL LEADERSHIP INSTITUTE: BUILDING PARTNERSHIP ON DIFFERENT EXPERTISES

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Objective: The Boston University Center for Psychiatric Rehabilitation has started in 2011 a Global Leadership Training Institute (GLI) to develop an international network of leaders imbued with recovery and rehabilitation principles, research findings and specific skill sets to foster the development of recovery-oriented rehabilitation practice in regions throughout the world. The GLI is addressed to all mental health stakeholders: service users, family members, professionals, policy makers. **Design and method:** The curriculum is developed in order to provide participants with specific knowledge on recovery from severe mental illness and to develop leadership skills to promote change in existing mental health agencies and services toward recovery-oriented systems of care. Potential and emerging leaders are identified through a nomination and application process; participants to the first GLI arrived from Greece, Israel, Italy, New Mexico, South Africa and Taiwan to attend in Boston the initial one week training program in December 2011. **Results and conclusions:** Each country group developed a specific project to be run at a local level in the following months. Mentorship and follow up support were provided after the Institute training for a period of six months through videoconferences and e-mail. In this symposium the international projects will be presented.

42875

USERS, CARERS AND PROFESSIONALS: A NEW APPROACH IN PLANNING, MANAGING AND EVALUATING MENTAL HEALTH SERVICES

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User involvement in evaluation of mental health services has been supposed to grow more where Mental Health Community Services were developed earlier, but in Italy user participation lagged behind until few years ago. When instruments to assess users' satisfaction were proposed and used, they



were nonetheless developed by professionals and researchers, overlooking users' knowledge. More recently, beside users' and family members' voices, the inclusion of professionals, and the active and equal exchange among the three stakeholders in developing a grid of values and indicators emerged as pivotal. This prompted the Italian project "Valutazione della qualità dei Servizi di Salute Mentale: un percorso di analisi condivisa con pazienti in qualità di valutatori," financed by National Centre for Disease Prevention and Control, coordinated by Asti in Piedmont and involving 4 Italian Regions. The results and experience inferred from this project will be compared to those conducted with similar approaches in other Centers: Pistoia (users), Perugia (family members), centers in Lombardy, Latium and Sardinia (family members). The results of the experience of users participation in closing Psychiatric Hospitals in Slovenia will be included as an extra-Italian reference. The overall experiences will be discussed in order to try to merge positive and negative opinions, to evaluate the participation degree as well as the different points of view and contradictions across stakeholders and Centers. The final aim of this nation-wide combined effort is the understanding of the reasons why such approach is of limited application in Italy.

43005

TEACHING MENTAL HEALTH POLICY AND SERVICES DEVELOPMENT AND HEALTH SYSTEMS RESEARCH

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Training leaders and professionals in mental health policy and services development and health systems research is urgently needed to improve mental health policy and services in their own countries or in international settings. The objective of this symposium is to discuss the main issues related to the organization of teaching and training courses in this area. The coordinators of several international courses developed to teach public mental health, policy and services development and mental health legislation and human rights will present the objectives, organization and curricula of their courses, and will discuss both the achievements and difficulties found in the development of their courses. Based on the evaluation of these experiences, recommendations will be presented for future initiatives.

43093

SYMPOSIUM CFRP FRANCE: ORGANISATION DES DISPOSITIFS DE RÉHABILITATION

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Le Comité Français pour la Réhabilitation Psychosociale, branche française de la WAPR, organise tous les deux ans un grand congrès national. Ces congrès rassemblent l'ensemble des acteurs de la réhabilitation dans notre pays, soignants, travailleurs sociaux, aidants, responsables. Le dernier a eu lieu à Lyon les 7 et 8 juin 2012 et a connu un grand succès. Il a permis de faire un état des lieux des dispositifs de réhabilitation, entre les structures dépendant du système de soins et articulés ou non au "secteur" psychiatrique et les réseaux organisant les parcours des personnes en situation de handicap psychique, et des outils utilisés par leurs professionnels. Notre symposium retracera ce bilan, et s'intéressera à l'impact propre du Comité Français sur la diffusion et la mise en oeuvre des stratégies de réhabilitation en France, ainsi qu'à l'évolution des démarches de formations disponibles et effectivement initiées dans notre pays pour faire avancer la prise en charge des personnes souffrant de troubles psychiatriques chroniques.

Video

40721

NEL TEMPO LIBERO...LA PARANOIA

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Oggetto: si tratta di un cortometraggio della durata di 8 minuti interamente ideato e realizzato da un gruppo di utenti del Centro Diurno di Biella. Il video vuole raccontare le dimensioni del vuoto e della solitudine di una persona affetta da disturbo mentale. **Metodologia:** Il progetto si è sviluppato attraverso le seguenti fasi: 1. Costituzione di un gruppo di utenti interessati al progetto. 2. Stesura della sceneggiatura. 3. Realizzazione delle riprese. 4. Montaggio. 5. Realizzazione (parole e musica) e registrazione brano per titoli di coda. Il cortometraggio, creato per il concorso "Tempo libero, libera il tempo" indetto da "Informagiovani" di Cossato, è risultato primo classificato. Gli autori, hanno partecipato al concorso, iscrivendosi senza connotazioni di malattia, ma come gruppo di amici. **Conclusioni:** L'idea alla base della creazione del cortometraggio e di tutte le attività artistiche avviate all'interno del Centro Diurno è quella di coinvolgere gli utenti e gli operatori in un percorso volto al portare fuori: rendendo visibile agli altri ma anche a se stessi i propri vuoti, le proprie paure, le proprie risorse. Un viaggio verso la consapevolezza attraverso la condivisione di un bagaglio esperienziale che nell'incontro con l'altro assume un senso, diventa immagine, musica oltre che parola.

41498

MUOVITI FERMO

SAVUTO G.

Fondazione Lighea Onlus, Milano, ITALY

Cortometraggio che racconta in presa diretta la quotidianità dei pazienti delle comunità terapeutiche Lighea e il loro malessere. L'obiettivo della videocamera segue gli ospiti in alcuni momenti della loro giornata, tanto all'interno che all'esterno delle strutture residenziali: acquisti, confezione pasti, piscina, atelier di disegno, atelier di espressione teatrale, cena in pizzeria. Le comunità Lighea ospitano ciascuna 8 - 10 pazienti psichiatrici ambosessi; loro caratteristica è la collocazione all'interno del tessuto sociale della città di Milano, in edifici di quartieri residenziali, accanto ad alloggi occupati da famiglie e uffici. Sono strutture capaci di offrire protezione, ma al contempo progettate per promuovere l'evoluzione dell'ospite attraverso il rapporto con l'esterno, portandolo a vivere accanto ai "normali", ai "sani", nonostante il suo disagio. Nella stessa ottica il progetto prevede, ultimato il percorso in comunità, il trasferimento dei pazienti in appartamenti di condominii cittadini, nel quadro di un programma di residenzialità leggera, spazi casa in cui si osservano scene di vita quotidiana. Nel filmato si alternano racconti di pazienti che parlano del proprio disagio, momenti di riunione di gruppo con il responsabile del progetto terapeutico, dottor Giampietro Savuto, in cui gli ospiti si confrontano e riflettono sul concetto di malattia. Soggetto: Giampietro Savuto. Regia Fabio Ilacqua e Roberto Pelitti.

42038

O BAR BIBITANTÃ: WORK THAT MAKES CHANGESARANHA E SILVA A.¹, MONTEIRO DE BARROS A.L.², BALLAN C.², NICÁCIO F.³, BARROS S.¹

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Apresentamos o preview do documentário que está sendo produzido em conjunto com os trabalhadores d'O Bar Bibitantã. Empreendimento Solidário que promove inclusão social de usuários da Rede de Atenção à Saúde Mental por meio do trabalho cooperado. É resultado da Cooperação Técnica, Didática e Científica entre a Área Temática de Enfermagem em Saúde Mental da Escola de Enfermagem e Grupo Interdisciplinar de Estudos de Saúde Mental e Economia Solidária da Universidade de São Paulo e Centro de Atenção Psicossocial III Itaim Bibi da Coordenadoria de Saúde da Região Centro-Oeste da Secretaria de Saúde do Município de São Paulo. O projeto é apoiado pela Associação Franco Basaglia. Esta edição com 7 minutos foi realizada para apresentação da experiência durante a cerimônia do prêmio Human Rights and Nursing Award 2011 entregue à professora Ana Luisa Aranha e Silva, realizada no dia 08 de

settembre no Reino Unido. Ana Luisa é enfermeira, professora da USP, trabalhadora d'O Bar Bibitãntã e uma das fundadoras. Em 2009 O Bar Bibi-Tantã recebeu também a menção de reconhecimento de experiência exitosa pela Coordenação Nacional de Saúde Mental do Ministério da Saúde.

42444

VIDEO DOCUMENTARIO LAVORO QUANDO LA DIVERSITÀ È VALORE

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Obiettivi La ricerca "UN SUCCESSO DA MATTI. Studi di caso su esperienze di successo di persone con disturbo psichico" è un progetto del programma Pro.P realizzato dall'Osservatorio sull'Inclusione Sociale (OIS - ISFOL), che ha come obiettivo quello di costruire una base di riflessione sui metodi e sulle attività che in Italia facilitano l'ingresso delle persone con disturbo psichico nel mondo del lavoro favorendo l'inclusione sociale e l'abbattimento dello stigma.

Disegno e metodi Si sono realizzate interviste a utenti psichiatrici inseriti favorevolmente in contesti lavorativi, agli operatori che hanno accompagnato l'inserimento e ai datori di lavoro. L'utilizzo del supporto multimediale ha favorito la raccolta non solo del racconto del soggetto ma anche degli stati d'animo, che ne ha migliorato l'analisi dei risultati. **Risultati**. Dalle ricerche è emerso come gli utenti inseriti hanno migliorato la loro qualità della vita e i rapporti sociali e interpersonali, mentre i datori di lavoro hanno espresso pareri soddisfacenti in merito alle attività professionali svolte dagli stessi.

Conclusioni. Il progetto si è concluso con la realizzazione di un video/documentario dal titolo LAVORO - quando la diversità è valore.

Questo lavoro potrebbe essere un ottimo esempio per una campagna di promozione all'assunzione professionale di soggetti a rischio e di superamento dello stigma.

42459

DESTINATO ALL' INSUCCESSO

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Lo scopo di questa breve animazione è dimostrare l'efficacia del recupero dell'uomo di 36 anni che era destinato all'insuccesso. Nella realizzazione dell'animazione hanno preso parte i pazienti che partecipano al laboratorio creativo del Dipartimento di Trattamenti psicosociali, come parte del loro programma di riabilitazione, con la guida di un terapeuta esperto (scultore), responsabile dei laboratori creativi. Il metodo usato è paper animation (animazione con le fotografie). Il presupposto per la realizzazione della nostra idea era il consenso informato del paziente come anche l'approvazione del progetto dalla parte del Comitato Etico. Nel 1998 il paziente è stato ricoverato per la prima volta nell'ospedale psichiatrico e da allora c'è stata una serie di ospedalizzazioni, per lo più, forzate visto che il paziente non prendeva regolarmente la terapia prescritta e come automedicazione assumeva vari oppiacei. Nel periodo dal 2006 al 2010 è stato curato presso il Dipartimento di Medicina legale della Clinica di Psichiatria Vrapce perché ha commesso il reato di tentato omicidio e successivamente una valutazione psichiatrica gli ha diagnosticato una psicosi schizofrenica e dipendenza da oppiacei. È stato valutato mentalmente incapace tempore criminis e socialmente pericoloso. Con l'inizio del 2010 è stato rilasciato dal Dipartimento di Medicina legale in libertà condizionata con l'obbligo di continuare il trattamento ambulatoriale. Adesso, già da due anni il paziente è incluso nel programma psicosociale ambulatoriale all'interno del quale viene visto una volta alla settimana. La sua condizione attuale è stabile, negli ultimi due anni non si è verificato il peggioramento del disturbo primario, il paziente è critico rispetto al proprio stato e collaborativo nelle procedure del trattamento. Il suo funzionamento sociale è soddisfacente, appare realistico nella definizione degli obiettivi in un rapporto emotivo stabile con l'attuale orientamento verso la ricerca di un'occupazione adeguata.

42610

SANTÉ MENTALE: RESSOURCES ET CRÉATIVITÉ DANS UN ESPACE COMMUNAUTAIRE URBAIN

FLEURY F., SINACI A., SHULER-KADEZANE A, LE GROUPE DES 9 PORTES

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Dans l'Unité de Réhabilitation du Département de Psychiatrie adulte du CHUV-Lausanne, l'accompagnement de personnes fragiles psychiquement se fait dans un atelier de création et



d'expression situé en ville, inspiré des concepts de Santé Communautaire. Après 10 ans d'existence, les Activités Communautaires, ont organisé en mai 2012 une exposition sur ce temps vécu avec 180 patients et 26 générations; le film présenté ici en est le témoignage. Le programme des AC s'est construit et ce déroule avec chaque usager grâce à un contrat mutuel. Il implique que la personne participant aux diverses activités proposées pendant environ 6 mois, temps qui est devenu un an aujourd'hui. La semaine est découpée en diverses activités tant individuelles que collectives qui utilisent comme médium des outils de création, peinture, arts plastiques, vidéo etc. favorisant ainsi l'émergence des ressources individuelles et collectives. Chaque fin de contrat est saluer par la présentation d'une oeuvre collective à l'ensemble de participantes et des professionnelles en contacts. La 25ème génération a finit son parcours avec deux oeuvres vidéo: 1er film : 2002 - 2012, Activités Communautaires, 10 ans, fait partie de l'oeuvre collective du groupe des « 9 Portes » qui avait accepté de participer à l'exposition par l'animation d'ateliers ouverts au public dans les 2 espaces d'Ergasia. Évènements qui sont devenus images et sons du tournage. 2ème film proposé, création de ce même groupe : Giacomo, the working title, fable d'initiation faite d'interdits et de passages. C'est l'émergence des ressources créatrices qui indique à Giacomo, de manière symbolique, le chemin à poursuivre.

42754

UN TETTO SOPRA LA TESTA.....UNO SPAZIO PER LE EMOZIONI

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Obiettivi. Un tetto sopra la testa.....uno spazio per le emozioni, venti minuti di immagini, parole, musica per pensare, riflettere, progettare, ma soprattutto per emozionare. Interamente autocostruito da chi ha vissuto in prima persona l'esperienza, vuole essere punto di arrivo e di partenza per una riflessione sull'abitare in quanto bisogno/diritto universale e sull'abitare in psichiatria. **Disegno e Metodo.** Nel cuore di Lecce, nel Salento d'Italia, che con i suoi 100.000 ab. può vantare di essere ancora una città a misura d'uomo, in pieno centro storico e sotto lo sguardo del maestoso campanile della Cattedrale, un gruppo di cinque ragazzi (il più grande, pensate, soli 62, ma tutti gli altri tra i trenta e i quaranta anni), ridotti in itinere a quattro, si cimentano con la prova di convivenza proposta dagli operatori del Centro di Salute Mentale (CSM) di Lecce e realizzata con il contributo di Reti di Pan - Per la promozione di innovazioni sociali. Quasi tutti componenti del Gruppo di auto mutuo aiuto Insieme...i girasoli, attivo dal 2003 presso il CSM di Lecce, la precedente conoscenza e frequentazione ha giocato un ruolo fondamentale nella formazione del gruppo, affiatato e ben assortito fin dall'inizio. Supportati dalle psicologhe volontarie dell'Associazione Salentina Tutela Salute Mentale in tutte le fasi dell'esperienza con incontri di gruppo utili alla comunicazione di dubbi/ aspettative (prima), al superamento di difficoltà/problemi (durante), all'esplicitazione ed elaborazione dei vissuti (dopo), ma soprattutto con il loro entusiasmo e supporto emozionale, l'esperienza vuole in un certo senso prefigurare e suggerire modalità d'intervento e d'azione ispirate al Supported Housing, accreditata da tempo come best practice in Canada e Stati Uniti. Il video si compone di 4 parti inscindibili: -1 Le aspettative (riguarda la fase preparatoria e presenta in sintesi i pensieri e le emozioni dei protagonisti prima dell'esperienza). -2 Il cuore della narrazione (la parte centrale, ritrae il contesto abitativo, due alloggi contigui nel bed and breakfast Dimora Barocca nel centro storico di Lecce, il fuori, e vari momenti della quotidianità, il dentro). -3 Le riflessioni dei protagonisti (raccolge le suggestioni e le considerazioni, i pensieri, le parole, le emozioni post-convivenza). -4 Una casa per tutti (la riflessione diventa riflessione allargata, acquista un respiro universale e accoglie al suo interno i diritti negati e violati dell'umanità tutta di qualsiasi età, condizione, sesso, razza, cultura). **Risultati e Conclusioni.** La produzione del video, oltre che raccontare un'esperienza, vuole rappresentare uno stimolo e un'occasione di riflessione per gli operatori della Salute Mentale che devono attrezzarsi, prevedendo una progettualità specifica, nella gestione della ormai complessa e delicata questione abitativa, sempre meno risolvibile con risposte istituzionali e sempre più declinabile con i paradigmi della riappropriazione dei propri spazi e dei propri luoghi per il recupero reale del senso di appartenenza e del senso di sé.

42797

ABITARE CONDIVISO 2011

CONTU A., PICCIAU M., BARBIERI B., SANNA G.

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Il video reportage 'Abitare Condiviso', della durata di 15 minuti, è stato realizzato da un regista professionista con l'obiettivo di raccontare un'esperienza di convivenza di pazienti psichiatrici con diagnosi severa e studenti universitari attraverso la voce, i volti e le parole dei protagonisti (pazienti, familiari, studenti, operatori). È stato pensato come uno strumento di valutazione degli esiti di un progetto sperimentale che aveva l'obiettivo di implementare la sostenibilità sociale della malattia mentale, la riduzione del carico familiare, la riduzione dello stigma e la riduzione della spesa assistenziale. In realtà si è dimostrato efficace anche per la 'restituzione' ai committenti (amministratori dei Comuni che hanno finanziato il progetto) e anche per la comunicazione della 'vision' degli operatori nella fase di selezione degli studenti che si sono candidati a partecipare alle edizioni successive del progetto.

43251

INTERVENTI DI PREVENZIONE E SOSTEGNO A GENITORI FRAGILI

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CTA - Centro di Terapia dell'Adolescenza, Milano, ITALY

Nel 2011, il CTA ha avviato, con il contributo della Fondazione Nord Milano e in collaborazione con UOP 42 di Rho-Dipartimento Salute Mentale AO Salvini, un progetto di prevenzione a sostegno della genitorialità fragile. Destinatari di una delle azioni del progetto sono stati genitori (di bambini di età compresa tra gli 0 e i 6 anni) che presentano un disturbo psichiatrico per il quale sono attualmente in carico al servizio pubblico territoriale per adulti. L'intervento è costituito da un pacchetto di incontri che hanno l'obiettivo di potenziare la capacità riflessiva e di mentalizzazione del genitore e di promuovere la genitorialità positiva, attraverso l'utilizzo videoregistrazione di interazioni di gioco tra genitore e figlio e successivi momenti di restituzione mediante visione e commento di spezzoni di video. Cornice teorica di riferimento di questo lavoro sono le più recenti ricerche nell'ambito della teoria dell'attaccamento e gli studi di efficacia relativi all'utilizzo del video-feedback. Nel corso dell'intervento saranno illustrate le fasi del lavoro e le caratteristiche di un setting di osservazione della relazione strutturato ad hoc e sarà mostrato un video nel quale sono visibili le tecniche e la modalità di relazione utilizzate con il genitore.

43358

PERSONE ADULTE CON AUTISMO: È POSSIBILE UNA VITA FELICE?

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Objectives: Autism is not only a childhood disorder, but it needs to be addressed in a life cycle perspective. Among the various options proposed for the treatment of autistic adults, the model of the Community Farm is one of the most important. The agricultural context is inherently more stable, simple, predictable but however full of situations and significant stimuli. The liability of a daily task - even if simple - allows to improve social relations, which are characteristically altered in autism. In Italy, the first center for autistic adults, based on the "Farm Community" type, has been activated since 2002 in Cascina Rossago (Pavia). It was born from the commitment of some families of autistic children with the main goal to promote initiatives aimed at improving the quality of life of autistic people. **Methods:** Cascina Rossago currently houses 24 residents in three separate buildings. All guests take part in various activities, including not only social agriculture-related activities (farming, handling of animals), but also sports (trekking, swimming, basketball) or arts (music, textiles and ceramics lab). **Conclusions:** The model of the Community Farm seems to be effective in promoting the consolidation and the improvement of autistic adult's skills. In particular the so-called "hard core" aspects of the autism evolution adulthood, such as social skills, seem to take benefits from the Cascina Rossago's integrated treatment.

Speakers' Corner

40634

PSYCHIATRY, MEDIA AND PERSON.TAVARES FERREIRA S.¹, RUSSO J.²¹ Instituto Municipal Philippe Pinel, Rio de Janeiro, BRAZIL, ² Universidade do Estado do Rio de Janeiro, BRAZIL

We analyzed the current vocation in psychiatry to adopt physicalism as the major theoretical ground for explaining mental and behavioral disorders and tried to establish a mutual relation between this trend and the notion of person in modern western society. **Objectives:** 1) investigate the psychiatric field concerning the differential emphasis on physical and psychosocial explanations through the last 40 years; 2) identify and register how these changes appear in their divulgation in the written media. **Design and Method:** Longitudinal and qualitative study: ethnographic investigation of psychiatry knowledge through its divulgation in written lay media from 1970 until 2010. We selected articles about psychiatry and mental illness published in VEJA (Brazilian magazine) in this period of time and developed a qualitative analysis which consisted in the evaluation of the discursive strategies of the texts and the way they were presented in the magazine. **Results and Conclusion:** We obtained 94 articles and noticed that there has been a progressive substitution of psychoanalysis (subjective/psychosocial approach) for biomedical psychiatry (physical approach) as the hegemonic explaining theory used in the articles. We also discussed two different notions of person related to each of the main approaches: the psychoanalytic and the biomedical.

41012

TO MAKE USER EXPERIENCE VALID FOR SERVICE DEVELOPMENT AND RESEARCH BY WORK OF NATIONAL COMPETENCE CENTER

BJØRGEN D.

National Center for Competence through Experience, Skien, NORWAY

Objectives. We will present the work of the National Centre for knowledge through experience in mental health. The Norwegian Parliament statement is aiming towards utilizing the experiential knowledge by service-users and their relatives in research and development of services. Our mandate is to be a National Centre for service users and relatives in the field of mental health, which main focus is to collect, validate, develop and communicate experience-based knowledge of the service users and relatives. We will give some examples of how our national centers try to strengthen the user organizations to be more powerful in their argumentation and documentation. At the same time influence the services to use their experience in service development. **Design.** The center is owned by the national service user organizations/groups in Norway and funded by the government. **Methodology.** We are working to make the individual experiences a valid source of knowledge in research and service development. We contribute to innovation in services which will bring better health and meet the individual service user in a better way for the services. Methods used facilitation for meetings and promotion of dialogue between users and professionals. We have been running research committee, dialogue meetings and documentation projects of user perspectives. Our research and development work and research committee have given advices which have been accepted with great interest by universities. A knowledge platform for mental health care is being developed that increasingly legitimate experiential learning. How to promote new knowledge to a greater extent based on service users' own experiences on-relationships with the services, perception of mental illness and what alternatives do we have regarding giving help? **Conclusions.** We have had success with networking, web based knowledge base and "building bridges" between professionals and user knowledge in mental health field. This has been done thanks to governmental funding, critical discussion in the mental health field and the role of the national center.

41036

ABITARE MONDI POSSIBILI, L'ARTE DEL PRENDERSI CURA

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L'idea di fondo che abitare un luogo sia insieme di comportamenti, abitudini, emozioni, azioni individuali e collettive, intreccio di relazioni e di percorsi, talvolta di superficie e talvolta inconsci, si accompagna e

rende per noi necessario pensare la progettazione di un luogo come incontro e commistione del segno grafico con quello psichico, dove ad ogni traccia corrisponde un equivalente emotivo o sociale. La città è psiche. Il nostro progetto nasce prima di tutto da un incontro e un viaggio. Come tutti i viaggi verso luoghi significativi è un viaggio dell'anima che ci permette di coltivare nuovi sguardi e avere nuovi occhi. Un viaggio che diventa occasione e possibilità di prendersi cura di sé prendendosi cura del proprio territorio, ricostruendolo, coltivandolo, mettendo a disposizione il proprio sguardo e il proprio lavoro all'Altro collettivo. Un viaggio che parte da un giardino privato, quello di ognuno di noi, che ad un certo punto sente il bisogno di aprire degli spazi per creare dei ponti verso il giardino del vicino e poi ancora poterlo attraversare, lasciarsi attraversare, per percorrere il giardino del gruppo. Occupare nuovi spazi e costruire nuove relazioni significative ci dona la consapevolezza di poter interpretare nuovi ruoli, sentirci parte oltre che della natura di ciò che è pubblico, laddove spesso la malattia mentale esclude, emargina e spaventa.

41273

NON È COSA MA È COME: RIABILITAZIONE TRA PENSIERO CLINICO E ATTI PARLANTI

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L'intervento vuole proporre alcune riflessioni sulla specificità delle strategie riabilitative della Fondazione Lighea, che da anni opera nel campo del disagio psichico a Milano. Rinuncia al "furor curandi" e all'ambizioso obiettivo della guarigione a favore di una scelta più umile, quella di portare i pazienti a condurre un'esistenza il più possibile normale nonostante la loro patologia, imparando a convivere senza rimanerne schiacciati. Importanza della scelta dell'operatore, che diventa alleato del paziente nell'obiettivo di realizzare un programma frutto di contrattazione tra il paziente stesso e il responsabile del progetto, alla cui autorità vengono demandate tutte le richieste. Scarsa strutturazione della proposta iniziale, che si presenta come uno schema con molte caselle vuote che si andranno progressivamente a riempire rispettando i tempi del paziente. Priorità dell'aspetto relazionale: il rapporto operatore - paziente è il vero luogo della riabilitazione, le attività diventano pretesti per esperienze relazionali significative. Ruolo dell'operatore che non si pone come interlocutore frontale rispetto alle richieste del paziente, ma, evitando il rischio di un rapporto di dipendenza o di mera assistenza, diventa un compagno di viaggio nel condividere un percorso che va gradualmente aprendosi a una dimensione collettiva. Importanza delle riunioni di équipe, nelle quali l'operatore ha modo di elaborare le ansie e i dubbi della sua solitudine.

41546

PROMOTION DE LA SANTÉ MENTALE: STRATÉGIES DE COMMUNICATION INNOVATRICES

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Essentielles au champ de la santé mentale, les communications influencent par leur pertinence et leur qualité l'appropriation et la diffusion des informations sur la santé par les publics cibles et les partenaires. En misant sur les déterminants sociaux, les stratégies communicationnelles de l'Association Canadienne pour la santé mentale - Filiale de Montréal - mobilisent des outils adaptés aux publics cibles et sélectionnés en fonction des ressources disponibles. Dans le contexte où l'Internet a définitivement changé le rapport des individus à l'information sur la santé, le web 2.0 constitue un secteur d'activité en plein essor, recelant sa part de défis pour la communication en santé. L'objectif de cette présentation est d'examiner le potentiel et les limites d'une stratégie mixte d'utilisation des médias dans le domaine de la santé mentale, en contexte québécois. À partir de l'expérience d'un organisme communautaire, nous aborderons notamment les ressources nécessaires pour mettre en place une stratégie mobilisant des outils du web social, ainsi que les modalités d'intervention de différentes plateformes et leur articulation. L'Association développe également des modèles d'évaluation qui tiennent compte de la nature de l'interaction avec l'internaute, favorisant les échanges entre praticiens et utilisateurs, en fonction des résultats attendus et des retombées souhaitées.



41601

DA IMPARARE A CIBARSI A IMPARARE A PRODURRE CIBO. ESPERIENZA APPETITOSA IN RESIDENZA PSICHIATRICA

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Il ruolo del cibo, dall'affinamento delle capacità degustative, alla produzione di ortaggi, alla preparazione di dolci tradizionali, è stato lo snodo di un'esperienza riabilitativa nella Comunità Riabilitativa Assistenziale Psichiatrica "Villa Libertini" afferente al CSM di Lecce. Attraverso il partenariato con Slow Food e la cooperativa agricola FM Salento, si è avviato un progetto (senza costi per la ASL) che ha visto protagonisti utenti, operatori e volontariato, con il sostegno economico di enti privati. Il progetto denominato "orto Porto" trae il significato dall'idea di coltivazione orticola per l'autoconsumo, in un luogo protetto quale un orto, che affianca all'idea di protezione quella di transito. Le attività previste (cura verso i momenti di convivialità comunitaria, laboratori del gusto, produzione di compostaggio, coltivazione di ortaggi biologici, preparazione di dolci tradizionali, con partecipazione ad eventi culturali in cui venivano presentati) hanno creato un facile aggancio per contribuire indirettamente a sostenere idee centrali in ambito riabilitativo, quali il tempo necessario a far bene, l'impegno che gratifica, la consapevolezza delle proprie percezioni, la cooperazione paritetica, il ciclo biologico, il rapporto con l'ambiente. L'esperienza mira anche alla costituzione di una cooperativa sociale con incremento del terreno coltivato

41664

EMPLOYER COUNSELLING. A NEW WAY TO IMPROVE THE EMPLOYMENT OF REHABILITEES

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The Employer Counselling was developed within the project Mood For Work and it's based on three studies mapping employers' and mental health rehabilitees' needs in the recruitment process and in beginning of the work. The objective of the model is to increase employment possibilities of rehabilitees by making the employment process as easy as possible for employers. This requires innovative cross-sectorial work between rehabilitation and employment authorities. Employer Counselling consists of two parts: 1) Case management: Holistic (turnkey) service for employers. 2) Service coordination: Making the processes fluent by broad networking. It also includes an information and training package designed for recruiting mental health rehabilitees. Success stories, information about part time working and practical checking lists help the whole work community and encourage new employers to find rehabilitees as workers. The model was piloted in cooperation with rehabilitation and employment organizations. The piloting was evaluated by means of interviews and questionnaires not forgetting experts by experience. Most of all the answers appreciated the comprehensive coordination of the recruitment process, the company-specific tailoring of information and services and the positive, fresh way to approach the employers. According to the evaluation results the model gives rehabilitees new possibilities to open labour market.

41788

VOLUNTEER NETWORK AND PSYCHOSOCIAL REHABILITATION IN GREECE

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Mental disorder has been related to negative meanings which have gradually led to the creation and establishment of prejudice and discrimination. Such attitudes have led people with mental health problems and their families to social exclusion. In the context of social psychiatry and the development of a community-based mental health service system, professionals in mental health are taking action to overthrow the prevalent beliefs about mental disorder and the suffering subject. The de-stigmatization of the people with mental health problems and their equal participation and involvement in everyday life can be achieved through the community. A strong volunteer network can contribute greatly in the transition from the stigmatizing community to a more tolerant society. This can happen, through their active involvement in such a procedure and their awareness toward the difficulties that people with



mental health problems face on a daily basis in their journey for rehabilitation and reintegration. In this presentation, we briefly present the methodology for empowering the volunteer network, while referring to the resistance and future challenges in integrating volunteers in psychosocial rehabilitation practice. The settings for such a network are the Psychosocial Rehabilitation units of the Association for Regional Development and Mental Health (EPAPSY).

41806

RECOVERY MODEL AND ITS IMPLEMENTATION IN PSYCHOSOCIAL REHABILITATION SETTINGS: A GREEK EXPERIENCE

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The Recovery model is a modern tool of Psychosocial Rehabilitation aimed at personal growth and overcoming the barriers set by the diagnosis of the biomedical model at a personal and societal level. In Greece, still undergoing the process of psychiatric reform, a qualitative research has been initiated involving mental health professionals and users with a three-fold objective; a) activate a change of mental health culture within the PSR settings, using the recovery model principles in every day practice, b) implement these principles in clinical and team work, c) evaluate the impact of this implementation of recovery model within PSR setting, atmosphere of work, in multidisciplinary team, perceived benefit from users, through the emergence of new narratives about stigma, illness, empowerment. Data were collected and are still under thematic and IPA methodological analysis. The results will provide a clear view of the extent to which shared elements of recovery from the international literature are present in PSR settings. The results could eventually be a valuable indicator to implement an permanent training intervention for the promotion of recovery model and its principles in a wider spectrum of mental health services in Greece.

42402

UNDERSTANDING OF CULTURAL DYNAMICS OF ANOTHER CULTURE: CHALLENGES OF EURASIAN PROJECT

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Comparison of transcultural methods in the field of psychotherapy results in establishing convergence of approaches in studying normal personality development as well as psychopathological conditions, defining the borders of normality and pathology, assessing interpersonal and intrapersonal aspects, improving communication methods, and analyzing conscious and unconscious mechanisms. Studies of historical and cultural differences between the majority Russian population and the 26 distinct national ethnic groups of Siberia and Russia's Far Eastern region aim to integrate knowledge with a view to developing culturally sensitive approaches to mental health care for the entire population. We are developing a Eurasian project of approaching ethnopsychological and ethnopsychotherapeutic positions of West and East: in practice, to more effectively provide treatment for interpersonal and intrapersonal conflicts, and personality disorders. Understanding the cultural dynamics of another culture facilitates communication between providers and recipients of mental health services, taking into account differences in the conceptualization of stress, illness, family and community social organization and culturally sanctioned treatment methods. Methodological strategies for assessing normative behavior, psychopathological manifestations, and prognosis in different populations are being developed, taking account of clinical-dynamic, social-psychological, individual-biological and ethnic factors. This facilitates identifying preventive and psychotherapeutic programs while maintaining ethic norms of contemporary psychological and psychiatric science.



42582

IMPROVING PARTNERSHIPS IN REHABILITATION TO PROMOTE THE SOCIAL INCLUSION OF PERSONS WITH AN INTELLECTUAL DISABILITY

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Objectives: To document the state of the collaboration within a rehabilitation network for persons with an intellectual disability and to identify ways to improve partnerships. **Design:** Qualitative. **Method:** Family members of children and adults with an intellectual disability and professionals from rehabilitation centers and community organizations working with these clientele were involved in two series of focus groups. During the first group, they were asked to comment on the issues that influence partnerships within the rehabilitation network. The most important issues identified were reviewed during the second group to generate possible ways to enhance partnership in rehabilitation. **Results:** Several issues pertaining to communication, shared interests and ownership were identified by the participants as being important for positive partnerships at different levels within the rehabilitation network. Some issues were however specific to particular types of participants. Participants were able to generate possible solutions to improve the state of collaboration in the rehabilitation network. **Conclusions:** Several elements are identified as important contributors to the development of positive partnerships between the different actors in the rehabilitation network. Improvements are however necessary. It is hoped that the improvement of these partnerships will help maximize the social inclusion of people with an intellectual disability.

42694

THE TRAJECTORY OF THE OFFICE IN STREET AS A STRATEGY FOR EXPANDING ACCESS TO HEALTH IN BRAZIL

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Introduction: The development of proposals for the care of the homeless population in Brazil has a long history of multiple approaches. **Objective:** Present and discuss the Office in Street as a strategy public health policy in Brazil for the homeless population, which presents in convergence with the guidelines of the Primary Health Care and logic of the Psychosocial Care, like guide to actions from the prospect of harm reduction. The Office in Street has the objective to develop comprehensive actions of health in locus and should be accessible and preferred gateway, providing comprehensive care, dealing with different problems and health needs. **Materials and Methods:** This is the historical account of this strategy of health care in Brazil that has transitioned from a focus only on the area of Mental Health, Alcohol and other Drugs for a mode of care under the National Primary Care Policy. **Results:** In the period 2009 to 2011, were supported with financial resources 92 projects of the Office in Street, at the time this strategy consisted only of the actions from Mental Health, Alcohol and Other Drugs and not yet from Primary Care. **Conclusion:** The extent and effectiveness of actions taken by Office in Street proposed by the Mental Health, Alcohol and Other Drugs, led to the choice of this strategy as part of Primary Care to expand access to health for people with long history of exclusion from the health system.

42823

LEGAL ABORTION. EMOTIONAL ASPECTS OF WOMEN WHO BECAME PREGNANT AS A RESULT OF SEXUAL VIOLENCE

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Introduction: Brazil is a majority christian country, where abortion is considered as a crime, being allowed only in cases of rape, anencephaly and maternal life-threatening. It is possible that social and psychological implications of abortion are severe in women's lives. **Objective:** Investigate the experiences of women who became pregnant as a result of sexual violence and requested legal abortion. **Design and Method:** An

exploratory study, qualitative, with semi-structured interviews. The number of participants was composed of purposive sample and was used the saturation sampling research. The semi-structured interviews were taped and transcribed. Meaning units were identified relating to the experiences of women through the program The Ethnograph V. 5.0. **Results and Conclusions:** We interviewed eight women who requested and performed the legal interruption of pregnancy during the period 2007-2009. The age ranged from 21 to 41 years, schooling > 8 years, family annual income > US\$ 2400.00, three were catholics and five evangelicals. All women had care with a multidisciplinary team, performed the procedure at Women's Hospital Prof Dr José Aristodemo Pinotti, with gestational age < 14 weeks. The categories designed were: 'feelings before and after the request', 'who decided to request', 'felt supported by someone', 'perceived emotional changes after the abortion', 'new pregnancy after the abortion', 'opinion on abortion' and 'religion before and after the abortion'. The most prevalent feelings at the time of the request was fear, despair and guilt, and after approval was relief. All sought the legal abortion by themselves and three of them reported having received support from someone. After the abortion, the women reported experiences of emptiness, ambivalence and guilt that caused changes in social and interpersonal behavior. In the long term, the prevalent feeling in all women was guilty, however, reported no regret for the abortion. Three of the eight women had planned pregnancy one or two years after the abortion, expecting to overcome the feelings of the previous pregnancy, however, there was persistence and worsening of memories. The women reported difficulties of resuming their religious practice, especially the catholics. All women reported being against abortion before the experience and said they had changed their minds after the procedure. The results demonstrate that the experience of abortion, although supported by law, brings emotional and social consequences for women's lives and therapeutic follow-up is needed.

42935

LA PROTEZIONE GIURIDICA PER LE PERSONE CON DISAGIO PSICHICO O CON PROBLEMI DI GIOCO COMPULSIVO

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La legge 6 del 9.1.2004 ha riformato, in Italia, il Codice Civile, introducendo il nuovo istituto dell'Amministrazione di sostegno: le persone che "per effetto di una infermità ovvero di una menomazione fisica o psichica, si trovano nella impossibilità, anche parziale o temporanea, di provvedere ai propri interessi, possono essere assistite da un Amministratore di Sostegno". L'Amministratore di Sostegno accompagna la persona fragile, assistendola e rappresentandola giuridicamente, rispetto ai suoi interessi personali e nelle scelte di cura e di vita. Lo scopo della nuova misura di protezione è "tutelare, con la minore limitazione possibile dell'incapacità di agire, le persone prive in tutto o in parte di autonomia nell'espletamento delle funzioni della vita quotidiana, mediante interventi di sostegno temporaneo o permanente". Al progetto Milanese "insieme a Sostegno", che si occupa del tema dell'Amministrazione di sostegno e della protezione giuridica, aderiscono numerose organizzazioni del terzo settore, che rappresentano tutte le aree della fragilità (tra cui il disagio mentale e le dipendenze patologiche) legate tra loro da un protocollo d'intesa e guidate dalla associazione capofila "Oltre Noi la Vita" che mette a disposizione la propria esperienza ventennale in materia di protezione giuridica e la competenza dei suoi esperti. Finalità del progetto: -la sensibilizzazione della cittadinanza sul tema della protezione giuridica e sulla possibilità di svolgere volontariato in materia; -la corretta informazione ed orientamento delle famiglie, volontari, operatori; -la formazione specifica ed approfondita; la consulenza e il supporto competente nello svolgimento dell'amministrazione di sostegno. Queste funzioni sono svolte da cinque punti di prossimità: oltre a quello centrale presso Oltre Noi la Vita, che ha anche funzioni di coordinamento, approfondimento legale e monitoraggio, altri quattro decentrati sul territorio presso le sedi di alcune associazioni aderenti al progetto. L'obiettivo finale è strutturare sinergicamente e sussidiariamente con le istituzioni pubbliche competenti un sistema che promuova, faciliti e sostenga il ruolo dell'amministratore di sostegno. Ci interessa confrontarci sulle peculiarità della protezione giuridica a favore di persone con disagio psichico o con problemi di dipendenza patologica da gioco e sulla funzione che l'amministrazione di sostegno può svolgere in relazione ai servizi sanitari pubblici e alla rete territoriale.



42975

SERVICE INNOVATION: SCHIZOPHRENIA OUTREACH IN LARKANO (SOUL). DEMONSTRATION PROJECT IN THE CITY OF LARKANO, SINDH PAKISTAN: OVERVIEW AND PRELIMINARY FINDINGS*JUNEJO B.*¹, *AFGHAN S.*²¹ Chandka Medical College, Shaheed Mohtarma Benazir Bhutto Medical University, Larkano, PAKISTAN,² Dorothy Pattison Hospital, Dudley and Walsall Mental Health Partnership NHS Trust, Walsall, UNITED KINGDOM

Objectives. The project is an innovation attempt not previously undertaken in Pakistan to detect and treat patients with diagnosis of schizophrenia through home based outreach approach in a semi rural town of Larkano in Pakistan. The goals identified in the project include management and psychosocial support to patients, psycho education and support to family and generating clinical and functional outcomes. **Methods.** Project design developed by host psychiatry department and agreed at a stakeholder consultation event. Training was undertaken for the project team including outreach nurse which included identifying tasks for professional, rational prescribing of antipsychotic medication and use of outcome measures namely Brief Psychiatric Rating Scale, Clinical Global Impression and Global Assessment of Functioning. Hosting of patients and families assemblies on 6 monthly intervals serve the purpose of family psycho-education and receiving informal feedback. **Results.** Preliminary findings on clinical and functional outcomes measured over a year are promising. Approximately one fourth patients have achieved functional recovery but equal proportions are considered to have more disabling illness. **Conclusions.** Low cost intervention involving outreach nurse working under supervision of psychiatrists can lead to robust improvements outcomes for patients with schizophrenia. Future steps include negotiating work opportunities for recovering patients and subsidised provision of Clozapine medication.

Thematic Sessions

Housing

38028

PROJECT FROM A SUSTAINABLE HOUSING MODEL

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In Catalonia, a Spain autonomous community, in recent years some residential facilities have been implemented to enforce the community dimension of care from the most severe mental disorders, enabling the steady patients discharge from the traditional psychiatric hospitals and opening a prospect for recovery to the patients. The deployment of the different residential services and the housing support has occurred without a reference structured model and without a proper coordination with other mental health devices, therefore the initial objectives have been seriously jeopardized. In this project, after doing an international review from the different organizational housing models, we propose an own model for our territory, analyzing the organizational characteristics and the types of resources based on the different users, as well as the necessarily integration of the general operating that ensure the continuity of care and open the possibility of an effective recovery.

38823

TURNING THE KEY – ASSESSING HOUSING AND RELATED SUPPORTS FOR PERSONS LIVING WITH MENTAL HEALTH PROBLEMS AND ILLNESSES. FUNDED BY THE MENTAL HEALTH COMMISSION OF CANADA (MHCC)

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Objective. To collect meaningful, multidimensional national level information to support planning and policy in housing and related supports for people with mental illness living in Canada. **Design.** A national environmental scan was conducted focused on understanding: 1) existing model housing-related programs 2) services and supports required to ensure adequate housing 3) personal and social costs and benefits of housing for people with mental illness. **Method** Multiple sources of data were used including reference groups, webinars, surveys, interviews, mapping exercises, site visits, literature reviews and international key informants. Findings from quantitative and qualitative approaches were integrated to inform findings. **Results.** Housing is a potent catalyst for recovery. Inadequate housing and support comes with huge costs, both personal and financial. Inadequate housing is associated with high levels of chronic health conditions. Expensive resources such as the use of hospital and correctional facilities and emergency shelters are more than ten times the cost of housing with supports. Canada has a rich foundation of innovative programs and practical experience to provide proper housing and psychosocial rehabilitation supports. **Conclusion.** Five recommendations for policy building emerged from this scan. Building on current successes, knowledge exchange strategies are being undertaken to strengthen the housing with support network.

40640

OUTCOMES OF THE FIRST SUPPORTED HOUSING PROGRAM IN IRAN FOR CLIENTS WITH SEVERE MENTAL ILLNESS.

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Objective: The study examined three years housing outcomes of mentally ill clients who took part in first experimentation of supported housing program in Iran/Tehran. **Method:** 50 inpatients of Tolou rehabilitation center diagnosed as having chronic and severe mental illness entered supported housing over 3 years at 5 different sites. All clients received flexible case management. They attended Tolou rehabilitation center from 8 to 12 AM and then returned to their houses. At home they performed all their tasks by themselves. **Results:** 30% of the clients relapsed because of non-compliance with treatment and returned living at Tolou rehabilitation center. 12% of the clients were discharged and returned living with their families. 6% of the clients were transferred to other psychiatric centers. 52%



of the clients remained in supported housing for three years. 63% of these supported living participants experienced temporary readmissions in Tolou Center. **Conclusions:** Supported housing interventions can be very successful tools for stabilizing mentally ill individuals in independent community settings. Advantages include the low restrictiveness level of these settings. Living independently was positively associated with life satisfaction.

41856

HOW MIGHT DIFFERENT TYPES OF HOUSING SUPPORT AND MAINTAIN RECOVERY? FINDINGS FROM THE SECOND AUSTRALIAN NATIONAL SURVEY OF PSYCHOSIS (2010)

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Objective. Access to adequate housing consistent with personal preferences and needs supports recovery from psychosis. We aimed to: (1) describe people with psychoses living in different housing types, their preferences and needs; and (2) compare two subgroups living in supported housing - participants living in supported group accommodation and supported housing - on key demographic, functional, clinical and social inclusion variables. **Design and Method.** Current housing, preferences, needs and assistance, and housing-related social inclusion variables were assessed in a two-phase psychosis prevalence survey conducted within seven catchment areas across Australia in 2010. Two supported housing models were compared: supported group accommodation and supported housing (rental accommodation with in-reach support). Descriptive statistics were used. **Results.** Of the total participants (n=1825), one half were living in public or private rented housing (48.6%). Despite being the preferred form of housing, only 13.1% were living in their own home. One in twenty participants (5.2%) was currently homeless; 12.8% had been homeless in the previous 12 months. Residents of supported group accommodation felt safer in their locality than those in supported housing, but experienced less privacy and choice. **Conclusions.** Although fewer participants were homeless compared with the first Australian psychosis survey, the proportion remains high. Housing difficulties are experienced by people with psychoses living in various accommodation and concern housing adequacy and safety as well as autonomy and choice. Access to public housing is restricted compared with identified need. Since residents of supported group accommodation felt safer in their locality than those in supported housing, but experienced less privacy and choice, each supported housing model may offer different advantages to people with psychoses, and contribute to services that support and maintain recovery.

42741

COMMUNITY HOUSING PROJECT IN A LARGE LONG STAY UNIT IN SRI LANKA

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Background. Halfway home Mulleriyawa, Sri Lanka, long stay unit for female patients. It has approximately 500 patients with chronic mental illness and different functional capacities. Around 200 patients are fit to be discharged, but not taken home by their relatives. Over last few years many projects have been implemented to encourage the process of deinstitutionalization. **Aims.** To encourage the process of deinstitutionalization and promote reintegration in the community. **Method.** Community Housing Project was started in 2009-2010. Since February 2010 two groups of patients who are functionally stable & employed were encouraged to live in rented houses for a period of two or more years. A project group was established consisting of multidisciplinary team members, Consultant psychiatrist, Medical officer, Nurses, Occupational therapist, Psychiatric social worker and VSO volunteer. An action plan was formulated, roles identified, and a time frame was agreed. Suitable houses were rented within a 5 minute walk from Halfway Home Mulleriyawa. The selected ladies had to undergo training based on the recovery and rehabilitation model to ensure that they were prepared for living independently in the community. Monitoring and evaluation and follow up visits were arranged by the project team. Funding for the project was secured from WHO and many charitable organizations. Part of the secured funding paid for the rent for the property while the selected ladies had to contribute towards the costs of food and house hold items. **Outcome and conclusion.** At present all the residents live independently,

experiencing a normal life in the community. The confidence that has resulted in the patients who live outside the in the community is reflected by the fact that one resident got married to her partner while residing in the community house. We believe that the project played a major role in reducing the stigma of mental illness in the community

Work stress and coping strategies

34771

COMPARING HARDINESS PERSONALITY TRAITS IN FEMALE DISABLED ATHLETES, DISABLED NON-ATHLETES AND HEALTHY ATHLETES

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The purpose of this study was to compare hardiness personality traits and its three components (commitment, control and challenge) in female disabled athletes (DA), disabled non-athletes (DNA) and healthy athletes (HA) women. Participants included 25 DA, members of the female disabled national team, 25 DNA and 25 HA who were evaluated through the Kobasa Hardiness Inventory. 25 DNA and 25 HA were matched for demographic data with DA women. The results of a one-way Anova analysis showed that there were significant differences between the three groups in terms of hardiness and its three components. Also the Dunett test showed that there were no differences between HA and DA women in terms of hardiness and its three components. On the contrary higher scores in hardiness were found when HA and DA women were compared with DNA women. Results: sporting can increase hardiness personality trait in disabled athlete women.

39233

PSYCHOLOGICAL COPING STRATEGIES AND MENTAL HEALTH: A SURVEY IN RAZI UNIVERSITY, KERMANSHAH, IRAN

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Background: The term coping generally refers to adaptive, reactive or constructive coping strategies. The coping strategies that people use after an abnormality may influence recovery. This article examines the relationship between mental health and psychological coping strategies. The main goal of the study was to determine a relationship between coping strategies and anxiety, sleep disorders, and depression. **Methods:** One hundred and twenty university students in Kermanshah were selected by simple random sampling. Billings and Moos Coping Checklist (1981) was adopted to assess coping strategies and Goldberg's (1979) General Health Questionnaire (GHQ) was used for general health. Multilevel regression analyses were performed. **Results:** A significant effect on mental and social practices ($p < 0.05$) was found for coping strategies. Although burden decreased, harmony in the relationship and social relations also decreased. All outcomes were significantly related to caregiver coping strategies ($p < 0.05$). **Conclusion:** Follow-up of patients with mental disorders requires not only assessment of coping strategies, but also of other aspects of psychosocial functioning, because our results show differences in social functioning and bodily injury problems in terms of coping strategy circuits and emotion circuits.

42290

PREVENTION OF MENTAL AND EMOTIONAL HEALTH IN WORK ENVIRONMENTS

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In industrial countries the burn-out wave is sweeping through the media. Also the health insurance companies report a dramatic rise of call of illness because of depression and anxiety which might be the psychiatric diagnostic equivalent of the burn-out syndrome. This presentation will raise awareness on

this problem. It will discuss various prevention measures, and the possibility to form an international working group under the umbrella of WAPR. The authors will also present an intervention, based on weekly email messaging, which aim is to improve emotional and cognitive awareness of individual stress factors.

42670

BURNOUT, COMPASSION FATIGUE, AND COMPASSION SATISFACTION AMONG STAFF IN COMMUNITY-BASED MENTAL HEALTH SERVICES

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Objective: Providing care to individuals with complex mental health needs can be stressful. However, little research has focused on the emotional, cognitive, and physical consequences of providing mental health care. The aim of this study was to assess Burnout (BO), Compassion Fatigue (CF), and Compassion Satisfaction (CS) among staff in community-based mental health services (CMHS) of Verona, Italy. **Design and method:** All staff were asked to complete anonymously the Professional Quality of Life Scale, the General Health Questionnaire, and a socio-demographic questionnaire. **Results and conclusions:** In total 260 staff participated (response rate of 84%). Psychiatrists and social workers were the professionals with the highest levels of BO and CF. Workers with psychological distress reported both higher BO and CF, and lower levels of CS. A significant increase in the BO and CF scores was also detected for each extra year spent working in a CMHS. A higher level of CF was associated with female and having experienced one negative life event in the previous year. These findings are useful for health-managers and team-leaders to identify factors affecting the professional quality of life of mental healthcare staff, and provide a rationale for detecting staff at risk for developing negative work-related outcomes.

42950

THE EFFECT OF SELF-EFFICACY ON STRESS, WORK AND HEALTH SUDS.

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This study examined the role of self-efficacy in alleviating stress, improving work and consequently determining better health among 1000 subjects (males and females, between the age group 18-80 years) belonging to different strata of Indian society. The sample comprised college and university students, police officers, bankers, lawyers, doctors, low paid menial workers, academics as well as housewives. Bandura's (1977) concept of self-efficacy was put to test in this epidemiological study in India to see whether work performance improves when one is well equipped with personal resources. Results indicate that self-efficacy predicted lower stress by making an individual feel more relaxed and competent in one's field of work. Efficacious women were able to shoulder greater responsibility and strike a balance in their work-family arena, hence showed a higher zeal for work and less stress in their daily chores. Men, who in general turned out to be more efficacious as compared to women, did not show any change in their level of stress. However, some efficacious men reported a better desire for good health habits especially in terms of nutrition rather than exercise. Efficacious women who felt relaxed in their work sphere had more time for exercise as compared to nutrition habits. The main finding of this study is that self-efficacy emerged as a good predictor of health regardless of gender and of type of work.



Psychosocial rehabilitation: frameworks and interventions

40628

THE USE OF SMART TECHNOLOGY FOR PSYCHIATRIC INPATIENTS: A PILOT STUDY

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Introduction: People with serious mental illness such as schizophrenia often have disruptive cognitive impairments that psychiatric rehabilitation and related practices (such as cognitive remediation) can help with. This study explored the feasibility and outcomes of using and evaluating smart (interactive electronic) technology as part of psychiatric rehabilitation and cognitive remediation at a tertiary mental health care setting. **Methods:** This was an uncontrolled intervention – feasibility and exploratory – study that lasted one year. A convenience sample of 8 long-term inpatients with schizophrenia or schizoaffective disorder and with reported difficulty in independent living participated in (up to) one month of psychiatric rehabilitation and cognitive remediation using smart (hardwired) technology in a simulated apartment. Evaluation consisted of baseline and end-of-intervention measures, such as cognitive testing; semi-structured interviews at end-of-intervention with participating inpatients; and a quarterly focus group with involved clinical staff. Comparative thematic analysis was conducted. Credibility strategies included triangulation and peer debriefing. **Results:** Participants expressed satisfaction with the simulated apartment and with the smart technology, and involved inpatients learned and used independent living skills. **Conclusion:** The findings of this study are promising. We and others are expanding and evaluating the use of smart technology in mental health care.

41514

SPIRITUALITY IN REHABILITATION

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The definition of health has three factors as indicated by WHO: health is biological, psychological and social well-being. In this age of globalisation the spirituality aroused people's interest. Looking around in the world we can see a lot of advertisements of different esoteric activities. Therefore the notion of health needs a fourth factor. The health is biological, psychological, social and spiritual well-being. In our rehabilitation department we organized a religious psychological small group. The leaders of the program are: psychiatrist and psychologist with Jungian orientation, a sociotherapist and a theologian. In Hungary the education of psychiatrists and psychologists neglected this topic. Most of the patients have Christian background, some of them atheist, or deal with Buddhism. The members of the group belong to different diagnostic criteria, different social background, mostly psychotics, alcoholics and personality disorders. Some of them have magic psychotic content. They expressed the need of this type of healing in rehabilitation process. This is the proof of their need of recovery. In this rehabilitation program we want to satisfy their latent need of spirituality, and to look for a common language despite their different points of view about human values.

41568

THE BIOPSYCHOSOCIOSPIRITUAL MODEL IN PSYCHIATRY

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The role of spirituality is a reemerging issue in Western psychiatry and in the field that is sometimes referred to as positive psychology. The nearly 35 years old biopsychosocial paradigm of George L. Engel recommends addressing three levels of human existence for the purpose of comprehensive treatment – contrary to the biomedical model, which focuses only on one. Recent efforts try to incorporate treatment modalities which go beyond the Engelian model and add a spiritual dimension to it realizing that there are conditions (e.g., substance dependence and PTSD) where current biopsychosocial treatments are suboptimal. Adding a spiritual dimension to the treatment doesn't invoke table dancing: it represents a high level of identification which brings more values and meaning into the individual's life. By the end of the presentation the audience may understand why the dominating scientific model of human behavior represents a negative cognitive schema, and why the spiritual approach to human experience depicts a more positive and more adaptive picture.



41714

DRAMA AND REHABILITATION IN AN INTEGRATED SETTING

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The project presented here, which is about the use of drama, art, and theatre as a rehabilitation tool in an integrated framework, started in 2006 within the Day Centre “La Zebra”, gradually including users and professionals from two Therapeutic Communities (CTA 2a / 2b, ASP Palermo) and from the “Albatross” group (UOC Psychiatry, Palermo University). In its development, the project shifted from an enclosed setting, internal to the Day Centre, to an open workshop, ending in a public performance. Techniques of dramatherapy and art therapy have been applied, aimed at enhancing users’ autonomy, in terms of basic abilities of socialization, relationship and improvisation, and at supporting creativity and social cognition. During the latest step of the project, an experimental study has been led, comparing a dramatic assessment grid with clinical scales, in order to evaluate the effectiveness of the workshop, along with the pharmacological treatments and the users’ perception of their well-being. This study produced some first interesting results, regarding symptoms reductions and improvement of interpersonal ties. We are now working to refine these tools, to use them in a more controlled setting and over a longer period, in order to assess any significant change in the users’ psychosocial profiles.

42910

NON CONVENTIONAL PSYCHIATRIC REHABILITATION IN SCHIZOPHRENIA: ROLE AND POSSIBILITIES OF THERAPEUTIC RIDING

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Among the numerous Animal Assisted Therapies currently available, Therapeutic Riding appears as one of the most promising for psychiatric rehabilitation. Indeed, the emotional engagement characterizing human-horse interaction can be a valuable tool for the patients to achieve not only remission of symptoms but also allowing them to reestablish a fruitful connection with the social community. Given the lack of controlled studies in this field, a collaborative 2-year project between the Istituto Superiore di Sanità, Italian Mental Health Departments, and FISE has been developed to test the hypothesis that therapeutic riding can act as a non-conventional rehabilitative program in schizophrenia. Subjects were 50 patients, males and females, in charge of the Italian Mental Health Services. Using standardized scales and structured riding sessions, the hypothesis was tested that a 1-year enrolment in a therapeutic riding program would ameliorate negative and positive symptoms with a greater effect in patients with a recent onset of psychosis. Results will be presented to indicate a significant improvement in most symptoms in first onset and chronic patients, a constant remission state, no worsening of symptoms, improvement of pharmacological compliance, with consequent further symptom settling and the decrease of emergency intervention and of hospitalization period.

Cuidado de la salud mental y atención primaria: reflexiones desde el Brasil

43471

MAPEO DE LA MENTAL DISTRESS : EQUIPAMIENTO DE LA ESTRATEGIA DE SALUD FAMILIAR

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Este estudio trata de reflexionar con los miembros de una Unidad de Salud de la Familia en el tema de la salud mental, planificación y organización de acciones colectivas que buscan establecer vínculos y los de acogida en los trastornos psicológicos en la comunidad. La realidad de los equipos de Atención Primaria muestra que se enfrentan en su cotidiana con problemas de salud mental y necesitan esta instrumentalización. Por su proximidad a las familias y las comunidades, los equipos de Atención Primaria son un recurso estratégico para hacer frente a los problemas de salud relacionados con el abuso del alcohol, de las drogas y las diferentes formas de angustia psicológica. Dos instrumentos fueron desarrollados con el objetivo de: Levantamiento Información sobre los problemas de salud mental y un plan de investigación para casos de salud mental, utilizados por los agentes de salud comunitarios de recopilación de datos en sus visitas diarias a los residentes. Los datos recogidos fueron cuantificados y un mapa se está preparando junto con los trabajadores comunitarios en casos de salud mental en sus áreas y subáreas. Las visitas domiciliarias se llevarán a cabo para profundizar y desarrollar estrategias para la atención, tales como las referencias a otras unidades y la formación de grupos de acogida. El trabajo con la primera unidad de salud ha demostrado el éxito de estas acciones.

43472

CARACTERÍSTICAS DE LA ATENCIÓN PRIMARIA EN EL SISTEMA DE SALUD DE BRASIL Y SUS POTENCIALIDADES EN EL CUIDADO DE LA SALUD MENTAL

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La presentación se ocupará de la organización de la Atención Primaria de Salud como la estructura y los modelos en el Sistema Único de Salud (SUS) de Brasil, buscando apoyar las reflexiones en relación con la salud mental en la Estrategia de Salud de la Familia. La salud de la familia es una estrategia de reorientación del modelo de atención de salud en Atención Primaria, dirigido principalmente a la ampliación del acceso y la calificación de la atención. Los equipos de salud de la familia son responsables por lo acompañamiento de una serie de familias, que están en una zona geográfica, lo que facilita su enlace con sus clientes y esto es una de las potencias de atención para la salud mental.

43473

LA SALUD MENTAL Y EL TRABAJO: UNA PERSPECTIVA PSICOSOCIAL ACERCA DE LOS TRABAJADORES DE SALUD MENTAL EN RELACION A LA ATENCION PRIMARIA

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En nuestra reflexión suponemos" que el trabajo es la mediación de la sociabilidad", el creador de la riqueza y la transformación humana. Sin embargo, provoca, paradójicamente, el proceso de deshumanización que se intensifica con las transformaciones que ocurren en la sociedad contemporánea, con el avance de la reestructuración capitalista modificando las condiciones de trabajo, especialmente en sus formas de organización y control. La investigación y la práctica se llevó a cabo con equipos de la Estrategia Salud de la Familia (ESF), mientras que la política en Atención Primaria en Brasil, han dejado en claro que las contradicciones se expresan en los trabajadores de la salud todos los días, en particular, dificultades en la organización del trabajo, teniendo como uno de sus principales consecuencias la angustia psicológica y la enfermedad. Nuestro objetivo es explicar y discutir estas contradicciones, señalando algunos desafíos que deben ser abordados, así como presentar algunas prácticas psicosociales que han favorecido la creación de espacios y procesos de reflexión colectiva sobre las prácticas experimentadas, cuestionando la gestión de los servicios y el proceso de los equipos de trabajo en lo que respecta a la producción de atención de la salud mental.



Stigma: indagini e interventi

40930

TUTTI SULLA STESSA BARCA: AZIONI PER L'INCLUSIONE SOCIALE ED IL SUPERAMENTO DELLO STIGMA. COLLABORAZIONE FRA DISTRETTO, COMUNE DI CESENATICO, MUSEO DELLA MARINERIA E CSM DI CESENA

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L'autore presenta il progetto Tutti sulla Stessa Barca avviato in collaborazione con il Distretto di Rubicone, il Comune di Cesenatico, il Museo della Marineria e il CSM. Il progetto è stato realizzato attraverso il coinvolgimento di 4 utenti del servizio psichiatrico che hanno ristrutturato una barca a vela d'epoca. Tale imbarcazione in mostra al Museo della Marineria, viene utilizzata sia da utenti che da persone di Cesenatico partecipando anche a regate storiche. Gli utenti hanno acquisito abilità nella ristrutturazione della barca e contemporaneamente il loro prodotto ha contribuito ad offrire una immagine diversa dell'utente psichiatrico superando lo stigma e favorendo il riconoscimento da parte della comunità locale di una opera da loro prodotta di forte impatto anche verso i turisti e i cittadini. La Barca Sputnik è esposta nel porto canale di Cesena ed è stata svolta una importante e diremmo terapeutica campagna mediatica. Gli utenti inoltre hanno elaborato anche il proprio stigma interno sentendosi ed avendo continue conferme dell'appartenenza alla comunità grazie alla soddisfazione ottenuta attraverso il lavoro di ristrutturazione confermata dalla costante esposizione del prodotto. Il progetto, grazie alla partecipazione di sponsor locali è stato svolto a costo zero per l'AUSL di Cesena. Le gite bisettimanali continuano.

42213

IL CONTRASTO ALLO STIGMA E AL PREGIUDIZIO: UN INTERVENTO DI SENSIBILIZZAZIONE SULLA SALUTE MENTALE NELLE SCUOLE MEDIE SUPERIORI

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Il Dipartimento di Salute Mentale ha tra i suoi compiti, oltre alla cura e alla riabilitazione delle persone con disagio psichico, anche: - la prevenzione e la promozione della salute della comunità; - la sensibilizzazione sui temi della salute mentale; - l'educazione alla salute mentale per tutti i cittadini. Il progetto "Scuola e Salute Mentale" dell'Unità Operativa di Psichiatria (UOP) dell'Azienda Ospedaliera (AO) San Gerardo di Monza, ha come obiettivo il superamento dei pregiudizi legati al disagio psichico e la promozione della salute mentale come valore per l'intera collettività. Il progetto si articola in tre fasi: 1. Visione della mostra, allestita con il coinvolgimento degli studenti di 5° anno; 2. Incontro con gli studenti del 4° anno a cura degli operatori della UOP; 3. Incontro con genitori e docenti. I dati dei questionari somministrati, in merito alle conoscenze sul tema del disagio mentale e gli atteggiamenti/comportamenti verso le persone sofferenti di disagio psichico, evidenziano come molti sono ancora i luoghi comuni e le convinzioni che accompagnano la malattia mentale.

42419

LAVORARE NELLE SCUOLE PER LA SALUTE MENTALE

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Obiettivo: Ridurre lo stigma associato alla malattia mentale. Valutare le opinioni sulla malattia mentale nella popolazione degli studenti di scuola media superiore della provincia di Piacenza prima e dopo l'esposizione ad un intervento di sensibilizzazione sul tema. **Metodo:** L'intervento è rivolto agli studenti del 3° anno di scuola superiore. Il campione di studio costituisce circa un terzo della popolazione scolastica del 3° anno di scuola superiore della provincia di Piacenza. Le opinioni sulla malattia mentale sono valutate attraverso il questionario CAMI - Community Attitudes Towards the Mentally Ill. Il gruppo di lavoro comprende operatori, cittadini volontari, utenti dei servizi. **Risultati:** I dati si riferiscono a 5 anni scolastici consecutivi (dal 2006 al 2011), per un totale di circa 3000 studenti e 10 poli scolastici. Emerge una diminuzione degli atteggiamenti negativi verso la malattia mentale con differenze di genere



e a seconda del tipo di scuola frequentata. **Conclusioni:** L'intervento può modificare l'opinione sulla malattia mentale negli studenti e predisporli ad un atteggiamento più favorevole per il riconoscimento del disturbo e l'accesso alle cure. Lo scorso anno è stato attivato anche un corso sul tema della salute mentale rivolto agli insegnanti. Abbiamo realizzato due focus group, uno rivolto agli utenti e uno rivolto ai familiari, sulla valutazione dell'intervento. Ogni anno, la presentazione dei dati dell'intervento nelle scuole, è stata l'occasione per organizzare momenti di aggiornamento per tutti gli operatori del DSM sul tema delle opinioni sui disturbi mentali. Stiamo pensando di standardizzare meglio le modalità di intervento per coinvolgere altri operatori e cittadini volontari dopo uno specifico percorso di formazione.

Key issues in early psychoses

43094

DUP IN FIRST EPISODE PSYCHOSIS : THE SURPRISING TREATMENT DELAY WITHIN MENTAL HEALTH SERVICE IN ACCESSING PROMPT TREATMENT

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Background. Interventions to reduce treatment delay (DUP) in first episode psychosis have met with mixed results. We argue that only by understanding the care pathways within healthcare contexts, and their impact on DUP, is it possible to develop targeted and effective intervention strategies. **Aims.** This paper documents the care-pathway components of DUP in a large urban UK multi-cultural city and models the impact of reducing these component delays on overall DUP. The sources of delay within mental health services are analysed. **Method.** DUP data for 343 clients from the Birmingham lead site of the National EDEN cohort study were analysed. Participants met ICD-10 criteria for a schizophrenia-spectrum disorder and were followed up over 12 months. **Results.** One third of the sample had a DUP exceeding 6 months; in line with previous research we found this long DUP group had more severe positive symptoms at baseline. The greatest contribution to DUP came from delays within mental health services, followed by help-seeking delays. Modelling the impact of reducing these delays showed that mental health service delay and help seeking delay would have to be reduced to at least 60 and 90 days respectively to significantly impact on DUP and outcome. Where first contact within mental health services was an adult generic community mental health team or child and adolescent services, this predicted: longer mental health service delay, longer overall DUP and delayed access to early intervention in psychosis teams. First contacts involving acute treatment facility or early intervention teams predicted significantly shorter delays in accessing treatment. **Conclusions.** Care pathways within UK mental health services have a decisive impact on DUP. In this healthcare setting, public health interventions to reduce DUP may be constrained by long delays within mental health services. This methodology will have international application when devising strategies to reduce DUP.

43375

A COMPARISON BETWEEN A SPECIALIZED EARLY INTERVENTION CENTER (PROGRAMMA 2000) AND STANDARD MENTAL HEALTH SERVICES IN ITALY: RATE OF RESPONSE, REMISSION AND RECOVERY

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The diffusion of early psychosis intervention centers is a worldwide challenge. In Italy only 18% of the Community Mental Health Centers (CMHCs) developed specific intervention programs for first episode psychosis. Research developed in many country showed the importance of the implementation of these centers specifically built for the detection and treatment of early psychosis. In our study we compared a specialized Early Intervention Center (EIC, Programma 2000) present for more than ten years and well integrated in community services and standard mental health services in Italy. The aims of the present study were to considered respond, remission and recovery rates in two groups of non-affective psychosis patients. The first group being treated at CMHCs with standard care and the second group receiving treatment specifically developed for first episode psychosis (Programma 2000). We believe that greater attention to early detection and intervention would be essential to improve mental health care in Italy through the reduction of treatment delay, stigmatization and duration of untreated psychosis.



43376

PATHWAYS TO SOCIAL RECOVERY IN AN EARLY INTERVENTION SERVICE

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Introduction: The effectiveness of the psychosocial treatment in an early intervention program with young patients with difficulties of engagement and compliance, can be improved by some fundamental aspects such as the strong focus on the integration of multiple dimensions of client needs and outcome in an individualized, multidimensional and coherent treatment project. **Objective:** The aim is to describe, through its different dimensions, the psychosocial treatment, and particularly the relation between the therapeutic and rehabilitative groups and the individual vocational support, in an early intervention program in Milan (Programma 2000). The main purpose is to verify the effectiveness of the treatment with regards to improvement of social functioning and the maintenance of an adaptive and significant social role. **Method:** 154 consecutive patients with a diagnosis of psychosis or at risk of developing a psychosis, followed by Programma2000 and engaged in a specific psychosocial treatment from 1999 to 2009, are analysed using sociodemographic data, social items of BPRS, HoNOS, DAS, GAF and SATisfaction Profile. **Results and Conclusion:** More than 75% of the patients show a reduced positive symptomatology, a better social functioning and an increased satisfaction about treatment and quality of life compared to the admission data. The group treatment, the vocational program and their links with CBT, working together with pharmacological treatment and family psychoeducation, can be really effective on the maintenance and the improvement of social recovery.

Promozione del benessere e della salute fisica

40999

INTERVENTI PSICOEDUCAZIONALI PER LA RIDUZIONE DEL RISCHIO METABOLICO NEI PAZIENTI PSICOTICI: IL PROGETTO BENESSERE ALL'INTERNO DEL PERCORSO RIABILITATIVO IN STRUTTURE RESIDENZIALI E IN OPG

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Introduzione: gli effetti negativi diretti ed indiretti della psicosi sulle abitudini alimentari e di vita agiscono sinergicamente con alcuni farmaci antipsicotici inducendo una significativa prevalenza di Sindrome Metabolica (SM) nei pazienti psicotici. Date queste premesse è stato attivato l'intervento psicoeducazionale Progetto Benessere all'interno del percorso riabilitativo dei pazienti ospiti presso l'Unità Operativa Semplice di Riabilitazione Psichiatrica dell'Ospedale Sacco di Milano e detenuti presso l'Ospedale Psichiatrico Giudiziario (OPG) di Castiglione delle Stiviere. **Obiettivi:** verificare la ricaduta clinica del progetto in termini di riduzione del rischio metabolico e l'efficacia dell'intervento riabilitativo (funzionamento psicopatologico e sociale). **Disegno dello studio e metodi:** studio prospettico controllato in cui si sono valutati i pazienti a t0 e t1 (fine dell'intervento, a 6 mesi) con calcolo del Body Mass Index, circonferenza vita, dosaggio ematico glicemico e lipidico e attraverso una batteria testale per valutare il quadro psicopatologico, il funzionamento psicosociale e le abitudini alimentari. **Risultati e conclusioni:** sono stati analizzati i dati relativi a 29 pazienti (14 F; 15 M). Preliminarmente si registrano una riduzione media dei parametri indicatori di SM e, dato importante soprattutto per i pazienti detenuti in OPG, un potenziamento delle abilità necessarie (funzionamento psicosociale e compliance terapeutica) per il reintegro in società.

41580

PROGETTO BENESSERE: UN'EVOLUZIONE

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Nel lavoro vengono analizzati e forniti i dati relativi a tre anni di percorso modulare con tre gruppi, per un totale di circa 30 pazienti psicotici, utenti del nostro centro. **Obiettivi:** Mantenimento o decremento ponderale rispetto al baseline, mantenimento e generalizzazione delle abilità acquisite nei gruppi, frequenza e diminuzione dei drop out. **Metodi:** costruzione di un percorso improntato ai principi del recovery: intervento psicoeducativo sul modello progetto benessere inserito in un percorso di attività coordinate (attività motorie con operatore e in autonomia, gruppo spesa e cucina, vacanza test in agriturismo ect) con preformazione del gruppo, vs gruppo neoformato ad hoc. **Risultati:** 60% di mantenimento del peso, 30% di decremento ponderale, generalizzazione delle abilità (ad es.) mantenimento di attività fisica in autonomia nel gruppo preformato, miglioramento non statisticamente significativo del gruppo neoformato. **Conclusioni:** si rivela fondamentale per la partecipazione attiva e la generalizzazione delle abilità, informare la prassi ai principi del recovery con la formazione del gruppo e la costruzione di un percorso personalizzato e isomorfo alle attività dei coetanei, organico alla quotidianità dei bisogni dei pazienti.

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INTERVENTI PSICO-EDUCATIVI INTEGRATI; UN'ESPERIENZA DI RETE TRA POLICLINICO UNIVERSITARIO ED AZIENDA SANITARIA PROVINCIALE DI PALERMO

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Il Progetto Benessere è un intervento riabilitativo di gruppo di tipo psicoeducazionale e motorio che si focalizza su: -abitudini alimentari salutari. benefici derivanti dall'attività fisica, al fine di prevenire le variazioni ponderali che possono essere legate all'assunzione di farmaci antipsicotici. Nell'esperienza descritta si è voluto innovare il protocollo previsto integrando gli interventi indirizzati all'utenza con altri rivolti alle famiglie, in modo da migliorare e stabilizzare i livelli di empowerment raggiunti dagli utenti. Ulteriore caratteristica che ha contraddistinto il presente progetto è stata l'attivazione di sinergie di rete con i servizi territoriali. In particolare, sulla scorta di uno specifico protocollo d'intesa con il Dipartimento di Salute Mentale è stato possibile creare un gruppo misto di utenti provenienti sia dall'ambulatorio dell'U.O. di Psichiatria universitaria che dal Centro Diurno del Modulo 2 ASP. Ciò ha consentito di usufruire di notevoli spazi e di un'équipe multiprofessionale integrata, che ha consentito di intervenire parallelamente su aree diverse e interconnesse. Al termine degli incontri previsti si è potuto valutare la maggiore aderenza dell'utenza ai modificati e migliorati stili di vita, alimentari e motori.

42603

PSICOSI, PATOLOGIA DELLA MAMMELLA E STIGMA

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Obiettivo. Uno dei motivi di possibile esclusione dai programmi di screening per la medicina preventiva è la malattia mentale grave. Diversi studi dimostrano che rispetto alla popolazione generale persone con gravi disturbi mentali presentano aumento della mortalità prematura e più elevati tassi di morbilità per malattie fisiche (Samele, 2004). Tra le cause di ciò sono segnalati la difficoltà di comunicazione con il Medico di Medicina Generale ed un basso o irregolare utilizzo dei servizi sanitari disponibili per la cura e/o la prevenzione (Lambert, 2003). **Disegno e metodi.** Si è selezionata una popolazione femminile di 217 pazienti in cura per Disturbi dello spettro Schizofrenico e Disturbo Bipolare presso il Centro di Salute Mentale di Biella, verificato se e quando queste pazienti si erano già sottoposte ad indagine mammografia e con quali modalità (clinica e/o screening) e la presenza di eventuali malattie fisiche importanti. Alle pazienti senza mammografia è stato offerto uno screening mammografico, con



assistenza di infermieri della psichiatria. Dopo la mammografia è stato chiesto alle pazienti di compilare un questionario sulla soddisfazione per l'iniziativa. Al personale di radiologia è stato chiesto di compilare successivamente un questionario di giudizio sulla capacità di collaborazione delle pazienti e sul rapporto con loro durante l'esecuzione dell'esame .

Risultati. 126 pazienti (58%) avevano già effettuato lo screening autonomamente. 13 pazienti (6%) sono state escluse per gravi patologie concomitanti. 54 pazienti (25%) hanno rifiutato lo screening, mentre 24 pazienti (11%) lo hanno effettuato. **Conclusioni.** La maggioranza delle pazienti affette da psicosi sembra mostrare la capacità di utilizzare autonomamente il servizio di screening oncologico per Carcinoma Mammario. Alcune pazienti, soprattutto giovani, hanno rifiutato l'offerta di screening assistito. Il gradimento dell'iniziativa di screening supportato è risultato elevato tra le pazienti. Positivo il giudizio sulla capacità di collaborazione delle pazienti da parte del personale di radiologia.

Recovery models and experiences

42760

PERSONAL RECOVERY IN CHRONIC PTSD: A DESCRIPTIVE ANALYSIS OF RELATED FACTORS

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Objective. Chronic Post-traumatic stress disorder (PTSD) is an anxiety disorder that is diagnosed when symptoms last longer than 6 months. Although evidence for treatment for PTSD has been demonstrated in recent years, recovery from PTSD is complicated. Outcomes of treatment are variable and the majority of PTSD- patients continue to have substantial residual symptoms after treatment (Bradley, Greene, Russ, Dutra, Westen, 2005, Cukor, Spitalnick, Difede, Rizzo, Rothbaum, 2009). Slade (2009) distinguished clinical from personal recovery. Considering the ambiguity in clinical recovery in PTSD, studies on personal recovery are of crucial importance. The objective of this study is to conceptualize personal recovery in PTSD. **Design.** In this PhD-study the concept of personal recovery in PTSD will be explored using a mixed methods design. After a descriptive analysis in-depth interviews will be held. By means of experience sampling method (ESM) coping behaviour, symptoms and contextual information will be assessed. **Methods.** This first part of the PhD- study consisted of a descriptive analysis of personal recovery in PTSD. Participants (N=300) were people who received complete treatment for PTSD in the last ten years. Social support, general health, social functioning, comorbidity, hope, coping, resilience, severity and nature of traumatic events, residual symptoms and personal recovery as measured with the Mental Health Recovery Measure (MHRM) (Bullock, 2009) were measured by means of validated questionnaires. Data will be analysed using Structural Equation Modelling. **Results and conclusions.** In this oral presentation, preliminary results of the descriptive analysis will be presented. Conclusions will be drawn considering the input for the next phase of the PhD-study, the in-depth interviews. Recommendations for future research on recovery will be based on these preliminary findings.

42869

THE DIFFERENT PERSPECTIVES FOR THE FORMULA OF RECOVERY FROM SEVERE MENTAL ILLNESS

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Objective. Service users relate recovery from severe mental illness to the process of developing potentials and regaining a valid social role even with limitations caused by illness, while professionals see it more as an outcome, interested in research on fostering and hindering factors as well as in measuring it as a quantitative variable. But who owns "the secret formula" of recovery? **Design and Method.** In this paper are presented: - a first person account, a story of 15 years of illness and recovering from chronic schizophrenia focusing especially on what hindered and what helped in this road, coming back to life again; - the carers' experience and capacity to catch slight but relevant aspects of improvements towards recovery that professional tools are not able to detect; - the status quo of scientific research

on recovery from severe mental illness, included an ongoing multicentric Italian study, both with a qualitative and quantitative approach. **Results and Conclusions.** A whole understanding of this deeply human experience can be possible only taking into account the different perspectives, with an approach where hope, empowerment, partnership and evidence-based person-centered practice are fundamental ingredients for the formula of recovery.

42870

THE ESTABLISHMENT OF AN INTERNATIONAL COLLABORATION TO SUPPORT THE IMPLEMENTATION OF AN ILLNESS MANAGEMENT AND RECOVERY PROGRAMME FOR CONSUMERS WITH A SEVERE MENTAL ILLNESS IN THE NETHERLANDS

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In The Netherlands, the concept of recovery in mental health care has taken on new meanings in recent years that emphasize personal empowerment and de-emphasize traditional medical definitions focusing on the absence of psychopathology. According to Anthony “recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness.” Essentially, recovery can be thought of as managing one’s illness so that the person can develop or regain a sense of self and place in society. Illness Management and Recovery (IMR) is a curriculum-based approach to helping consumers of mental health services identify recovery goals and learn the skills to manage illnesses independently. It is an evidence based intervention aimed at teaching consumers with severe mental illness how to manage their disorder in the context of pursuing personally defined “recovery” goals. To support the implementation of IMR in Dutch mental health institutions the department of mental health of Saxion University established a national IMR network. To date, ten mental health organizations participate. These organizations are in different stages of implementing IMR. In this national network we work in close collaboration with the department of psychology of the Indiana University Purdue University Indianapolis USA as they have been studying IMR and its implementation since 2003. The aims of the network are fourfold: to establish opportunities for knowledge sharing, to organise education and training, to promote quality assurance and fidelity assessment, and to undertake research projects. During our presentation we will talk about how the national IMR network is organised, the activities in the network and what is achieved. The value of international collaboration with UIPUI will be discussed.

Training and professional development

40875

THE INTRODUCTION OF PSYCHIATRIC REHABILITATION AND EVIDENCE BASED PRACTICES IN A DAY PROGRAM AND HOSPITAL IN KARACHI, PAKISTAN

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Objective. This presentation describes an on-going collaboration between a psychiatric facility in Karachi Pakistan and the Psychiatric Rehabilitation Department at the University of Medicine and Dentistry of New Jersey USA. The initial efforts to develop overall awareness of the goals, principles and values of PsyR has been focused to include implementation of evidenced based practices and other program enhancements. **Design and Methods.** A 15 week introduction to PsyR distance training was offered utilizing both WEB based and SKYPE technologies. This training culminated in adoption of evidenced based practices (EBP) to enhance overall outcomes and establish permanent programmatic protocols leading to more effective rehabilitation. Illness Management and Recovery (IMR) groups were established as a pilot program. Subsequent EBP initiatives have included case management and family education/ support groups. **Results and Conclusions.** The initial round of IMR groups involved 36 participants in 4 separate groups. Progress was made in assisting group members to identify personally relevant goals and in expanding the perceived parameters of programming. Further results included participant understanding of the importance of psycho-education. Issues of implementation including those related to cultural relevance will also be addressed.



42075

EVALUATION OF TRAINING PROGRAMME FOR MEDICAL OFFICERS OF MENTAL HEALTH CONDUCTED BY NATIONAL INSTITUTE OF MENTAL HEALTH, SRI LANKA

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The recruitment of Medical Officers of Mental Health (MOMHs) in Sri Lanka was commenced in 1998 as a pilot project. Thereafter several attempts were made to recruit MOMHs from Ministry of Health, Sri Lanka. However they were given haphazard training and there were attempts to recruit MOMHs without training. But since initiation of Mental Health policy with the measures brought up by Sri Lanka College of Psychiatrists, now they are given three month of training. However there were no previous attempts to study the quality of training programme. **Objective.** To evaluate of training programme for MOMHs conducted by National Institute of Mental Health, Sri Lanka from the view of trainees. **Design and method.** A descriptive cross sectional study. A self administered questionnaire was sent to all (44) MOMHs who underwent the 3 month training programme from October 2010 to January 2012 at NIMH, one month after returning to their relevant stations. **Results.** Response rate was 81.8% (36). Thirty four (94.4%) were satisfied with duration of programme. Majority (52.8%) states that time allocation for theory and clinical training should be changed. 69.9% (n=25) believes that their personal objectives were achieved. Majority states the number (n=25,69.4%), content (n=30,83.3%) and areas covered by lectures (n=21,58.3%) were adequate. But 13 (36.1%) suggest to include background knowledge on counseling. 9.4% (n=25) states number of emergencies they were trained to manage is not adequate and 61.2% (n=22) not agree that rehabilitation training was adequate. **Conclusions.** The trainees feel the program is useful for them to function as MOMH in their locality. It is pointed out certain areas could be improved further. More clinical exposure, psychotherapy and emergency management are such areas.

42418

WWW.PSYKISKHELSEARBEID.NO

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Objective. On this website mental health- workers share knowledge and experiences. It was created by the Norwegian Resource Centre for Community Mental Health (NAPHA) in order to highlight good practices. One of its aims was to remove barriers between different professions, and between professionals and users. **Design and Method.** The company Kantega has contributed in developing the website. It is easy to operate. Users can create their own portal. They can add topics they're interested in, and they will be updated by writers whom they follow. Patients can also write on the base. Important documents from the Ministry of Health and Care services are regularly included. The quality of the contents is ensured by NAPHA advisors, who also write and publish articles themselves. NAPHA regularly arranges writing courses for the website users. **Results and Conclusions.** At least three articles a week were added. This creates a constantly growing, and always current, digital library. Many users reported that the website helps and inspires them. The website showed to be a valuable tool in developing well-functioning and dynamic mental health services in Norway.

43534

RECOVERY-ORIENTED COMPETENCES: WHAT IS THE RELATIONSHIP BETWEEN EVIDENCE BASED PRACTICE TRAINING AND RECOVERY-ORIENTED TRAINING?

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The shift from institutional psychiatry to community mental health services needs an orientation towards new paradigms like psychosocial rehabilitation, recovery, partnership with users and families. The engagement to guarantee the rights of citizenship and social inclusion for persons experiencing severe mental illness demands that practitioners should support the users' everyday lives and taking to account in their daily agenda issues like housing, occupation, education, poverty, loneliness. The recovery paradigm and the evidence that people experiencing severe mental illness really recover have highlighted the need of a radical transformation of Mental Health Service. That means the adoption of

more appropriate practices, the revision of professional roles, the development of recovery-oriented behaviors and attitudes by workforce. Training is the core of this change. How developing techniques and competences oriented to create conditions to promote and support subjective journey of recovery in the same time? Can they enhance each other? This paper would like to contribute to the international debate about this topic and shows the Ravenna Mental Health Department experience.

Mental health policies

41178

THE MEHNET PROJECT FOR COMMUNITY MENTAL HEALTH IN EGYPT

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Background. In Egypt mental health is hospital-based, poorly integrated with the well-organised Family Health Unit (FHU) system, and associated with a large treatment gap. Mental hospitals provide both inpatient and outpatient care in institutional settings, despite the new Mental Health Act enacted in May 2009 “for the protection of psychiatric patients”. **Design.** Community mental health services were established in the Kafr El Dawar district of Behera Governorate, within the Mehenet project run in partnership between Egyptian and Italian institutions during 2010-12 to pilot mental health policy options tailored to local context and available resources. The first community mental health centre in Egypt was activated on 25th January 2011 coinciding with the start of the Egyptian revolution within the premises of a FHU, staffed with a multidisciplinary team recruited from the nearest mental hospital. **Results.** The centre provides an outpatient service (365 patients registered in 16 months), outreach activities and mobile clinics, as well as a range of psychosocial rehabilitation programmes including self-help, artistic workshops and socialization activities, with the full involvement of local community. **Conclusions.** This fully sustainable initiative is worthy to be replicated in other locations of Egypt to model scaling up of community mental health services.

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MODELS OF PSYCHOSOCIAL REHABILITATION: A BRAZIL-ITALY COMPARISON

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Aim of this paper is to present a comparison between the most important theoretical perspectives on the psychosocial rehabilitation actually governing the Brazilian mental health policy and the conceptions prevalent today in Italy. The two countries have different histories and cultural traditions, but in the field of mental health they both share a common background linked in particular to the work of Franco Basaglia and to the de-institutionalisation movement. They both have a psychiatric reform, periodically threatened by problems and controversies. A programme of joint research between the Dept.s of Psychology, Bologna University and of Belo Horizonte, Universidade Federal de Minas Gerais, with the partnership of the Dept. of Mental Health (Ausl of Bologna) is currently running, focused on the following research questions: What are the main conceptual paradigms or models of psychosocial rehabilitation? What kind of structures for the rehabilitation are there in the two countries? Particular attention is given to the comparative analysis of “Centri Diurni” in Bologna (Italy) and “Centros de convivência” in Belo Horizonte (Brazil) and to their practices of community involvement. The work is still in progress, so the presentation will focus on preliminary data about the choice of indicators of good practices in both contexts.



42251

COMMUNITY PSYCHIATRY IN SLOVENIA: INTEGRATION OF PUBLIC HEALTH, PRIMARY HEALTH AND SUICIDE PREVENTION APPROACH

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The communication will present some historical data on the organization and provision of mental health services in Slovenia and some epidemiological public health data indicating differences in mental health needs. The national community psychiatric program was intended to develop at the regional level community mental health teams connected with the primary care providers as well as with other service providers including non-governmental organizations and social care centers. Thus, the program performed an evaluation of mental health needs. However, this program was opposed by the central psychiatric hospital's directors and doctors and by the Ministry of Health and, as a consequence, the funds provided for its implementation were transferred to already existing community teams located in psychiatric hospitals. The obstacles to the development of the national community psychiatric program will be described and the mistakes of the programme authors possibly contributing to its recent rejection will be discussed.

42995

AN OVERVIEW OF THE MENTAL HEALTH SECTOR IN BRAZIL

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Introduction. The present paper provides an overview of the current state of mental health care in Brazil. Sixteen years have elapsed since mental health Law, called Law 10216, changed the architecture of mental health care in the country. There are three main points in the Mental Health Policy (MHP): a) to ensure civilian rights for people with mental disorders according to the United Nations Document (1991); b) to overcome the psychiatric hospital as the central unit for treating people with mental disorders; and c) to build up a municipal network to maintain the access for people with mental disorders. The Law 10216/2001 was essentially a guideline law, and the municipalities were entrusted with specific tasks of implementing norms, methods, and timetables for the organizational translation of the law's general principles. **Materials and Methods.** The paper triangulated interviews, archival documents and quantitative data. The present paper is based on the data from two studies. The first is a description of the mental health public facilities based on panel data from the Municipalities. The second is a cross-sectional analysis based on the data from the State of Rio de Janeiro. **Results.** The mental health legislation as well as the policy changes are mainly concerned with the shift from hospital to community care and have been enforced in the last two decades. The change in policy has resulted in major reform of the mental health system and changes in the delivery of care in Brazil. The results for the State of Rio de Janeiro show that coverage for community mental health centers is insufficient and that the beds in psychiatric hospitals remain highly used. **Discussion.** The system now ensures wider accessibility to a network of service. The MHP have failed in reducing inequality in coverage and provision in the large cities, despite great advances in community services in the last years - primarily due to the creation of Psychosocial Community Centers (CAPS) and therapeutic residential facilities for patients transferred from long-stay psychiatric hospitalizations - and a great reduction in the number of beds in psychiatric hospitals. The stabilization of health care spending from the federal government has weakened the capacity of induction of the public psychiatric reform. Community-based services are still insufficient, mainly for children, adolescents and drug addicts. The private market of health insurance for mental care has been favored by the shortage in public supply.

Inserimento lavorativo e sostegno al lavoro tra utopia e pratica

40644

L'INSERIMENTO LAVORATIVO NEL DSM DI BIELLA COME SISTEMA INTEGRATO DI RISORSE

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Oggetto: La trasformazione del modello organizzativo di inserimento lavorativo, consolidatosi in un sistema di buone pratiche ma "costretto" dalla limitatezza delle risorse e dall'attuale crisi socio-economica, in un modello più dinamico, flessibile, efficace ed economicamente sostenibile. **Metodologia:** Illustreremo il processo di cambiamento di pensieri, pratiche ed organizzazione del servizio di riabilitazione lavorativa, favorito dal rafforzamento della co-progettazione tra Pubblico e Privato e dall'applicazione della metodologia dei Progetti Riabilitativi Personalizzati finanziati con Budget Individuale di Salute. Analizzeremo l'evoluzione del servizio negli ultimi anni, per dare senso al notevole incremento di persone in carico (attualmente 150), e della tipologia di percorsi attivati tra azioni di orientamento, "borse-lavoro", tirocini, assunzioni e sostegno alla continuità occupazionale. **Risultati:** Descriveremo infine gli elementi innovativi quali le strategie di collaborazione e sviluppo con la rete territoriale dei servizi, del Terzo Settore e delle organizzazioni datoriali, la sperimentazione dell'applicazione delle clausole sociali negli appalti pubblici, e le iniziative di Fund Raising per incrementare le risorse e praticare il Mainstreaming. Illustreremo gli esiti in termini di Recovery. **Conclusioni:** Riteniamo che un sistema di Inserimento Lavorativo integrato, complesso ma dinamico e flessibile permette di concretizzare il pieno diritto di cittadinanza e rappresenta un sistema efficace di cura pienamente accessibile.

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PORTARE L'INDIVIDUAL PLACEMENT AND SUPPORT NELLA PRATICA DEI SERVIZI: L'OPERAZIONE TIPS EMILIA-ROMAGNA

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L'operazione Training on Individual Placement Support (TIPS), è stata condotta nel corso del 2011 da un partenariato tra la Rete En.A.I.P Emilia Romagna e le Aziende USL. L'operazione ha avuto come finalità e obiettivi, il supporto alla persona con disturbi mentali gravi nel reperimento di sbocchi occupazionali, per favorire l'inserimento nel lavoro con la metodologia IPS, già sperimentata in Italia a Rimini, col progetto europeo EQOLISE del 2003. Sono stati coinvolti dieci Dipartimenti di Salute Mentale (DSM): 128 utenti sono stati avviati in percorsi individuali con metodologia IPS; 54 di questi hanno ottenuto un'assunzione lavorativa in ambito competitivo. La percentuale di sbocco al lavoro è in linea con i dati della letteratura internazionale per l'IPS. L'operazione è stata realizzata con piccole équipe di operatori IPS tecnicamente formati, organicamente inseriti nei Centri di Salute Mentale. La quota di utenti inseriti nel lavoro competitivo si aggiunge senza sovrapporsi a quella degli utenti inseriti con altri modalità, come i tirocini formativi, la borse-lavoro, il collocamento mirato (ex lege 68). L'operazione ha evidenziato le caratteristiche positive del metodo IPS e la possibilità di applicazione efficace nei servizi esistenti ed in un contesto sociale già ricco di proposte specifiche per l'inserimento al lavoro de soggetti svantaggiati.

42766

IL MODELLO COGNITIVO APPLICATO ALL'INSERIMENTO LAVORATIVO

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L'inserimento lavorativo, inteso come percorso attraverso cui un individuo mette in atto azioni finalizzate all'integrazione attiva all'interno di un'organizzazione produttiva, è un processo che coinvolge una pluralità di attori i quali interagiscono fra loro sulla base di proprie convinzioni, conoscenze ed aspettative. La finalità di tale processo è allestire le condizioni per far sì che il lavoratore realizzi i suoi scopi in merito al lavoro e contemporaneamente garantire all'organizzazione che lo accoglie di poter essa stessa soddisfare le sue legittime aspettative. Tale processo mette in moto un sistema complesso ed articolato di rappresentazioni mentali e di relazioni. La relazione circolare che corre tra le capacità della persona,



i determinanti cognitivi motivazionali dell'azione, le risorse a disposizione della persona, è la base delle azioni che possono essere messe in atto nel processo di inserimento per rendere compatibile/coerente il "potere" del lavoratore svantaggiato con gli scopi che l'azienda gli chiede di perseguire, attraverso il set di norme che ne definiscono il ruolo. Nei processi di inserimento lavorativo gli strumenti centrali sono: - Il progetto condiviso, ovvero un set di obiettivi, azioni e strumenti negoziato fra tutti gli attori impegnati nel processo di inserimento lavorativo, come base per l'adozione di scopi condivisi fra tutte le parti in gioco e la messa in atto di comportamenti cooperativi in cui tutti gli attori condividono le "risorse" a loro disposizione;- Il "contratto" di tirocinio, attraverso cui si attribuiscono reciprocamente set di norme, obiettivi e impegni con cui gli attori, scegliendo di vincolarsi, mettono in gioco risorse, capacità, fiducia reciproca e riconoscono nell'altro sufficienti capacità per poter adempiere ciò per cui si è impegnati;- La pianificazione di attività lavorative sempre più complesse, affrontate grazie alla funzione di mediazione all'apprendimento svolta dall'operatore. L'esercizio di competenze in ambito produttivo, l'esperienza che si accumula, sono i fattori più rilevanti di crescita delle capacità del lavoratore: dal punto di vista manuale le "skills" crescono con l'azione e l'esercizio, dal punto di vista cognitivo l'apprendimento rinforza ed amplia la capacità di "bridging", ovvero la facoltà di "traslare" conoscenze ed abilità da una situazione ad un'altra.- Le verifiche periodiche, attraverso le quali sono esplicitate le valutazioni. La valutazione (positiva) di una azione, in quanto credenza che ciò che si sta facendo è efficace, è alla base della motivazione, ma anche della messa a disposizione di risorse sempre più ampie e/o raffinate.

42958

IL LAVORO È UN UTOPIA POSSIBILE?

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E' da lungo tempo consolidata l'idea, sia nella letteratura scientifica che nella pratica quotidiana, di quanto il lavoro per i pazienti affetti da patologia psichiatrica sia importante nella riabilitazione psicosociale per una re-inclusione nel tessuto di riferimento e nel sostegno alla cura. Il lavoro diventa "strumento di empowerment" e quindi di diritto sostanziale di cittadinanza nel momento in cui la persona, su cui viene progettato un inserimento, abbia la possibilità di esprimere al meglio le proprie capacità in un contesto di "lavoro possibile" ed arrivare ad essere percepito come un lavoratore con un ruolo specifico e non come un "malato mentale" con bisogno di cura ed assistenza. Contrariamente all'importanza che il lavoro assume nella riabilitazione psicosociale, ad oggi sono poche le ricerche che mettano al corrente concretamente sui risultati e sull'efficacia delle metodologie di inserimento lavorativo di persone affette da patologia psichiatrica. Una ricerca approfondita condotta nella Regione Marche, nell'ambito dei un lavoro effettuato con il Ministero della Salute e le altre regioni italiane, ha dato inizio ad azioni volte ad indagare il fenomeno degli inserimenti lavorativi progettati presso i DSM per cercare di colmare questa mancata conoscenza. L'obiettivo principale dello stesso è stato quella di acquisire informazioni relative alla formazione ed alla riqualificazione professionale inerenti l'inserimento lavorativo di persone con patologia psichiatrica. La ricerca in oggetto è stata effettuata in tutti i 13 DSM 3 a cui afferiscono totalmente 16512 pazienti sopra i 18 anni. t PILDSM t e quindi sui quei programmi per l'inserimento lavorativo promossi dai dipartimenti di salute mentale. Sono state somministrazione ai Direttori de DSM o ad un loro delegato, uno strumento articolato che indaga sia le risorse impiegate, il personale, il numero dei progetti effettuati e l'esito di essi. Viene poi lasciato uno spazio per la segnalazione d' esperienze particolarmente significative. Tra queste poi ne è stata scelta una che poi è stata oggetto di un focus group effettuato tra stakeholders. Nel 2008 sul totale dei progetti di inserimento lavorativo, il 31.2% ha avuto come obiettivo l'assunzione regolare nel comparto produttivo. Di quest'ultima percentuale i progetti che hanno raggiunto l'obiettivo prefissato sono il 24%. Il settore in cui sono avvenute maggiori assunzioni è stata la piccola/ media impresa.

Social networks and social capital

39884

CITIZENSHIP AND MENTAL HEALTH: NEW SOLIDARITIES FOR SOCIAL INTEGRATION

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The notion of citizenship is key to the practice of mental health promotion. The creation of spaces where people can experience full citizenship is a dynamic process that requires increasing the number of opportunities where people can participate in their community. How do we facilitate the growth of these participatory spaces in our communities? Is there a risk that these spaces will serve to further stigmatize people with mental health problems? This presentation will explore some of the risks and the conditions for success when establishing psychosocial and recovery programs with the focus on full citizenship.

41312

BATTLING STIGMAS: SMALL EXAMPLES OF REGIONAL POLICY

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Ten years of meetings with fourth-year students of the high schools of the Province of Milan, helped spread information on battling stigmas. The direct involvement of some kids in the creation of cultural messages aimed at their peers and the users' accounts were positive. The results were following: a greater willingness to meet with the sick individual and a less defensive attitude in relationships. In the first five years of the project two/three meetings of three/four hours each took place with five professionals (psychologists, psychiatrists, nurses, social assistants, teachers). In the following five years these meetings were reduced: less hours, less classes and less professionals involved, in spite of an increased request of educational projects. The cultural impact and the opportunity to spread this message was hindered as a result. The political choice to use available professional resources to favor an increase in the number of services offered to users is aimed at treatment and not prevention and offering opportunities to better socially integrate patients with mental disorders. "A falling tree makes more noise than a growing forest".

43109

THE ROLE OF THE SOCIAL NETWORK IN THE SEVERE MENTAL DISORDERS: FROM RISK FACTORS TO OPPORTUNITIES AND EXPERIENCES

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The role of the social network as a determinant factor in the mental illness development and in the recovery process has been well investigated. Now the time has arrived to go over a general population-based approach in order to develop patient-tailored individual programs. An example is the Italian *Programma Reti Sociali Naturali* (Natural Social Networks Program) through which 117 patients have been treated and evaluated over ten years. The treatment is oriented to ameliorate the social inclusion and the quality of life and its core strategy consist in the activation of a natural helper chosen by the patient after an intensive network analysis. Each individual program has a 24 months duration and its total cost is € 5000. Significant results have been observed in the quality of life (QOL) scores and in everyday life satisfaction. Its efficacy was particularly evident in patients above 45 yrs and with a low QOL baseline score. In- and out-patient service utilization showed a decrease around 20%.

43496

SOCIAL INFORMAL NETWORKS: STATE OF THE ART. AN OVERVIEW OF EXPERIENCES IN MENTAL HEALTH CARE

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The concept of social networks fits well within a continuum between networks promoted and supported by the mental health services and informal networks belonged of their natural context of origin of the



person. These networks are closely interrelated and can generate a wide range of different types of social support, including practical advice, information and emotional support. Many worldwide programs have been implemented aimed to set up community hidden resources and promote social inclusion of most severe patients. The aims of these programs are to foster independence, self empowerment and reduce isolation felt by those with mental health difficulties. Low-cost, non-medical interventions such as Befriending approach and Compeer model will be described and discussed. The work will present an overview of the scientific research on the role of informal social support networks in mental health care. Main relevant results of randomised trials of these kind of interventions focused on providing emotional support to individuals in the community will be illustrated.

Intégration sociale, entraide naturelle, rétablissement

39876

LE RÉTABLISSEMENT EN SANTÉ MENTALE: DE LA VISION À L'ACTION

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Objectif d'apprentissage: Démontrer qu'en changeant le paradigme de gestion des soins, l'Institut et ses gestionnaires se sont émancipés d'une culture de prise en charge au profit d'une autre axée sur le rétablissement des personnes, menant à la réalisation d'un projet de vie citoyen à part entière. La démarche: À partir d'un constat réaliste et exhaustif de ses forces et des points d'amélioration, l'Institut a modifié le libellé de la mission, légitimant la création d'un comité expert de direction sur le rétablissement. Son plan d'action vise, notamment: L'embauche de pairs-aidants pour les unités de soins; la formation du personnel sur le rétablissement. L'Institut a aussi revu son code d'éthique, s'est doté d'indicateurs mesurant l'évolution de l'implantation du rétablissement et a créé une équipe d'accompagnement au changement vers le rétablissement, en soutien aux équipes de soins dans l'intégration des démarches d'amélioration continue et de performance. Ainsi, implanter de nouvelles pratiques en santé mentale est possible. L'Institut bâtit sa démarche sur l'espoir et l'appropriation du pouvoir d'agir des personnes dans sa quête d'efficacité et d'efficience.

40075

LA NOTION DE RÉTABLISSEMENT

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Objectifs: 1- Distinguer dans l'étymologie et l'usage les termes rétablissement («recovery»), «guérison», «rémission», «réadaptation»; 2- Comprendre l'usage spécifique du concept par le courant des «survivors» et les concepts inhérents. 3- Processus comme résultat, à partir de quand le rétablissement devient une variante de la croissance personnelle? **Méthodologie:** Recherche bibliographique et étymologique. **Résultats:** Le rétablissement est un concept non clinique développé aux États-Unis par des personnes traitées pour troubles psychiques graves à une époque où prévalait un pessimisme médical. Plusieurs éléments étymologiques: «rétablissement»: un «re» comme dans retrouver et un ensemble de mots d'origine similaire: table, stable, établir, mots signifiant solidité et stabilité. Le verbe pronominal «se rétablir» connote bien cette notion. Cette notion a diverses composantes: espoir vu comme position active qui ne se laisse pas décourager par une étape difficile imprévue; reprise du pouvoir (empowerment) au quotidien comme dans le projet de vie; inclusion sociale au sens d'insertion significative dans une vie affective familiale, amicale et citoyenne. Entrevoir les organisations traversant des crises dans une perspective de rétablissement à élaborer. **Conclusion:** Le rétablissement est un concept non clinique spécifique devenu indispensable en clinique.

40787

UN MONDE DE LIENS: UNE APPROCHE SPÉCIFIQUE D'ANALYSE ET DE MISE EN ACTION DES LIENS SOCIAUX AXÉE SUR L'ENTRAIDE NATURELLE

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L'approche relationnelle permet de maximiser le potentiel d'aide naturel existant ou encore de créer de nouvelles perspectives d'entraide (ex. pairage), en vue de réduire l'isolement social vécu et la stigmatisation. À la recherche d'un nouveau modèle d'intervention psychosocial, alliant un nouveau paradigme des relations (Sociologie relationnelle), ainsi qu'un paradigme explicatif de l'évolution des individus et des sociétés (Théorie de l'entraide), ce modèle proposé vise l'établissement de nouveaux objectifs de rétablissement et d'avancement dans les rapports humains, de sorte que les besoins sociaux de chacun puissent être répondus naturellement au sein de leurs réseaux sociaux respectifs. Grâce à l'utilisation d'outils d'analyse des réseaux sociaux et du soutien social nous pouvons donc, par une lecture quantitative et qualitative des relations présentes, contribuer à la réappropriation de ces liens. Le maillage de ces paradigmes vise au rehaussement des fonctionnalités relationnelles, à la maximisation du processus de socialisation et de l'autonomisation individuelle et collective des acteurs concernés, en vue d'optimiser la satisfaction et la gratification retirée de l'ensemble de ce monde de relations.

40816

LE RÔLE CLÉ DU SUPÉRIEUR IMMÉDIAT DANS LE RETOUR AU TRAVAIL D'EMPLOYÉS AYANT UNE DÉPRESSION

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Contexte de référence et objectif. L'OMS stipule que, dans une décennie, la dépression sera la première cause d'incapacité au travail. Nous comprenons alors que les personnes qui ont des incapacités, notamment celles qui ont reçu un diagnostic de dépression, peuvent avoir besoin d'accommodements particuliers en milieu de travail (Nieuwenhuijsen et al., 2004). L'objectif général de cette étude est d'évaluer les attitudes et les comportements des supérieurs immédiats (SI) quant au retour au travail (RAT) d'employés ayant reçu un diagnostic de dépression. **Méthode.** Cette étude, en cours au Québec (Canada), comprend un devis mixte. Des entrevues téléphoniques ont été réalisées auprès de SI qui ont eu dans leur équipe des employés qui s'étaient absentes de leur poste à cause d'une dépression. Une entrevue téléphonique (adaptée de Nieuwenhuijsen et al., 2004) a permis d'évaluer les attitudes générales de stigmatisation, les intentions des SI en termes de retour au travail de ce groupe de personnes, l'expérience des SI avec un employé avant l'absence, durant l'absence et lors de son RAT. En outre, l'*Inventaire des accommodements de travail* a été soumis aux SI (Corbière et Ptasinsky, 2004) pour connaître quel type spécifique d'accommodement avait été implanté lors du RAT des employés. Parmi les 50 répondants, 60% étaient des femmes, la plupart âgées entre 41 et 45 ans; 63% travaillaient dans le secteur public, 80% étaient des cadres supérieurs ou des chefs de service, et 50% travaillaient dans une très grande entreprise (taille >500). **Résultats.** Les attitudes générales de stigmatisation des SI à l'égard des personnes ayant une incapacité sont faibles (*Distance sociale* : $M = 1,30$; $é.t. = ,36$; *Stéréotypes* : $M = 1,95$; $é.t. = ,49$). Les intentions du SI quant à prendre des mesures pour faciliter le RAT de son employé sont élevées ($M = 4,23$; $é.t. 1.07$). 75% des SI sont restés en contact avec l'employé lors de son absence. Les contacts étaient réalisés pour la plupart par téléphone (82%), et portaient principalement sur la santé de l'employé (77%). Aussi, au moins 80% des SI ont mis en place des accommodements de travail pour aider l'employé à RAT (par exemple, *Introduire de façon graduelle les tâches de travail, Modifier les attentes à l'égard de l'employé en terme de performance*). **Conclusions.** Les résultats de cette étude permettent d'identifier les facteurs facilitant le RAT demployés ayant reçu un diagnostic de dépression. Ces informations pourront être utiles aux SI afin de mettre en place des plans de retour spécifiques pour les employés ayant reçu un diagnostic de dépression et donc contribuer au succès de leur rétablissement.



Carcere e ospedale psichiatrico giudiziario

41839

LE DIMENSIONI CRITICHE DEL CURARE E RIABILITARE, PRIMA E DOPO L'OPG

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Introduzione. L'articolo 3ter della legge 9/2012 ha fissato al 1° febbraio 2013 la chiusura degli Ospedali Psichiatrici Giudiziari (OPG) italiani. Le misure di sicurezza saranno eseguite in moduli residenziali con requisiti strutturali ed organizzativi da definire. Il trasferimento dell'assistenza ai Dipartimenti di Salute Mentale (DSM) soffre dell'incertezza per le necessarie risorse economico-finanziarie e, considerando le "culture ed epistemologie" che da sempre sottendono istituzioni totali, si rappresenta difficile e complesso. **Disegno e metodo.** Dal momento in cui l'assistenza penitenziaria è funzione del Servizio Sanitario Nazionale, il DSM di Lecce si è impegnato per garantire il diritto alla salute mentale delle persone detenute, internate in OPG ovvero ricoverate in misura di sicurezza presso strutture residenziali territoriali. Il presente lavoro testimonia l'esperienza pluriennale di monitoraggio e intervento negli OPG e propone una analisi per l'attuazione del processo di superamento nell'ottica della promozione della cura, dell'assistenza e dell'inclusione sociale. **Conclusioni:** La ridefinizione dei rapporti fra funzione sanitaria e funzione giudiziaria richiede un cambio di paradigma tecnico-professionale, un'irrinunciabile integrazione tra Soggetti diversi, Istituzionali e Professionali, una progettualità basata su evidenze scientifiche e certezza di risorse, onde evitare il ripetersi delle esperienze non del tutto positive correlate alla chiusura degli ospedali psichiatrici ex L. 180/78.

42538

PROGETTO SULLA SOGLIA: UNA BUONA PRASSI NEL TRATTAMENTO DEI DETENUTI CON DISAGIO PSICHICO IN DIMISSIONE DAGLI ISTITUTI PENALI MILANESI

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Obiettivi. Il Progetto "Sulla Soglia" definisce un'azione di sistema come modello di buone prassi nel trattamento di cittadini in condizioni di disagio mentale detenuti nei 3 Istituti penali milanesi. (CC San Vittore, CR Opera e CR Bollate). Obiettivo generale del Progetto è la messa a sistema di un modello di intervento globale che metta in stretta relazione gli interventi per il trattamento dei detenuti con fragilità psichica interni ai tre Istituti Penali Milanesi e la rete dei Servizi esterni territoriali, attraverso l'avvio di azioni specifiche volte a favorire il processo di inclusione sociale. **Metodo.** La complessità del fenomeno sul quale il Progetto Sulla Soglia interviene e dei bisogni del singolo detenuto, utente del servizio, che fa rientro sul territorio dopo la scarcerazione, trova risposta in un'equipe multidisciplinare, che possa intervenire su ogni aspetto della multiproblematicità che caratterizza questo tipo di utenza. In un'ottica sistemica se da un lato è fondamentale intervenire sull'individuo, per sostenerlo nel riappropriarsi della propria progettualità individuale dall'altro è indispensabile un'efficace azione sulla rete sociale. **Risultati.** Il Servizio ha un volume di presa in carico pari a circa 120 utenti all'anno nel triennio 2009–2011. Da un'analisi della tipologia delle persone che hanno usufruito del Progetto, si evidenzia una percentuale del 56% di interventi a favore di soggetti con patologia psichiatrica diagnosticata e un restante 44% di persone che hanno manifestato un disagio psicologico in relazione allo stato di detenzione, con particolare riferimento alla prospettiva di dimissione dall'Istituto. **Conclusione.** Il modello portato avanti dal Servizio "Sulla Soglia" rappresenta una buona prassi di intervento con una risposta articolata e multidisciplinare ai bisogni evidenziati. Il tema della riabilitazione e della cura tra carcere e territorio mette in evidenza la necessità di percorsi integrati tra clinico e sociale in grado di accompagnare la persona ad un possibile reinserimento.

42877

PRESA IN CARICO E PROGETTUALITÀ A FAVORE DI PAZIENTI PROVENIENTI DAGLI OPG: IL RUOLO DELLA COOPERAZIONE SOCIALE

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Il 25 gennaio 2012, in un emendamento al “Decreto svuota carceri” vengono indicate le disposizioni per il “definitivo” superamento degli Opg. L'emendamento prevede che a decorrere dal 31 marzo 2013, le misure di sicurezza del ricovero in Opg, siano eseguite esclusivamente all'interno di strutture sanitarie. Tali strutture dovranno essere a esclusiva gestione sanitaria, possono prevedere in base alla tipologia degli internati, un'attività perimetrale di sicurezza e vigilanza esterna. Questa La nuova legislazione figlia della presa di coscienza dello stato delle spaventose condizioni logistiche e organizzative degli Opg e dei trattamenti disumani a cui venivano sottoposte le persone internate, non modifica minimamente gli articoli dei Codici - penale e di procedura penale - che definiscono l'oggetto (l'infermo di mente autore di reato o il condannato che diventa infermo di mente), la forma (misura di sicurezza), le funzioni (cura e custodia) e i concetti di pericolosità sociale del folle reo, di incapacità e di imputabilità, che determinano il percorso d'invio agli Opg. Si dispone la definitiva chiusura degli Opg esistenti, ma non si abolisce affatto l'istituzione, cioè la misura di sicurezza psichiatrica. L'allestimento di “nuove residenze psichiatriche”, che si potranno supporre più appropriate sotto il profilo logistico e più assistite sotto il profilo sanitario, legittimerà le varie istanze sanitarie e giudiziarie ad abbassare la soglia di accesso ai nuovi “surrogati” degli Opg, o si può prevedere un aumento del numero degli internamenti e della loro durata? La proliferazione di residenze ad alta sorveglianza, dichiaratamente sanitarie, riconsegna agli psichiatri la responsabilità della custodia, ricostruendo in concreto il nesso cura-custodia, e quindi responsabilità penale del curante-custode, chi dei responsabili sanitari si prenderà carico delle eventuali dimissioni? Che ruolo potranno avere le cooperative insieme ai Dipartimenti di salute mentale? Si può pensare di prendere in carico la Persona e non il Reato, come le cooperative hanno già dimostrato di poter fare. Si proporrà un caso che dimostra come le buone pratiche, frutto della collaborazione tra Centro di Salute Mentale e cooperazione sociale, possono ridare dignità alla persona che fuoriesce dall'Opg.

Mental health care for low income populations

39020

MENTAL HEALTH CARE IN LOW INCOME SETTINGS OF CAMARINES SUR, PHILIPPINES

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Low and middle-income countries need to grapple with mental disorders in the context of poverty, inadequate health services and dismal opportunities for education and development. Objective: This paper describes the method of HELP- Community-Based Rehabilitation (CBR), a Disability NGO in Camarines Sur, Philippines, to optimize health care delivery for persons with mental health illness (PMI). Method: Initiatives for inclusion and integration of Persons with Disabilities (PWD), Persons with Epilepsy (PWE) and PMI in the primary health care, to provide essential services and medicines were carried out by HELP-CBR using the following approaches: 1) systematic family and community health education and development; 2) partnership with local governments at the municipal and village level; and 3) linkages with specialized medical groups and institutions for mentorship to primary health care practitioners. Conclusions: Beginning with Cararayan, Naga City, mental health program has spread to 8 more municipalities in Camarines Sur. Factors that determine sustainability of the program are commitment of local government; budget allocations for medicines and rehabilitation; self- advocacy of people's organizations and accessibility. Community mental health offers the best solution for social integration. Sharing best practices and success stories strengthens our resolve to advocate for the right to community life for everyone.



42436

SUICIDE IN PENAL INSTITUTIONS IN JAMAICA 2001 TO 2010

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Objective: Discovery and comparison of suicide rates in incarcerated persons in Jamaica. **Method:** Suicide records from 2001 to 2010 were obtained from the Police Constabulary Force Statistics Division. Those for suicide in persons incarcerated in jails, prisons and Places of Safety were analysed using the SPSS statistical package. **Results:** Between 2001 and 2010, 22 persons, charged and in custody (81%) or, as explained, not in custody (19%), committed suicide, 90.5% by hanging. Charges ranged from gun possession to murder, with 14.3% being charged with murder and 14.3% with wounding. Depressive Disorder was noted in 33.3% of the victims, but neither psychiatric nor medical conditions were recorded in others. Suicide rates varied from 42.5 to 81.4 per 100,000 (General population <3/100,000). More suicides occurred in jails (47.6%) than in prisons (38.1%). Two parishes had the highest percentage of suicides- St Catherine 28.6% and Kingston 14.3%. In addition to local jails, there is a District prison with Death Row in the first and the large General Penitentiary in the second. **Conclusion:** The high suicide rate suggests that greater attention should be paid to preventability, via intake assessments, cell design and policy review of the type and length of incarceration for particular crimes.

42641

AN EVALUATION OF PSYCHOSOCIAL REHABILITATION FACILITIES FOR HOMELESS MENTALLY ILL IN INDIA

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Introduction: Homelessness due to chronic mental illness has become a major burden for most of the resource poor countries. Homelessness has been discussed as a major public health issue in the developing world due to resource constraints and inadequate care systems (WHO Mental Health Atlas, 2011). **Purpose:** The Kerala State in India has witnessed the efforts from the faith based organizations and religiously oriented families in the care and rehabilitation of the homeless mentally ill. This study explored the processes used by these facilities for the care and rehabilitation of homeless mentally ill. The rehabilitation outcomes were measured using quality of life, client satisfaction, and level of functioning as outcome measures. **Material & Methods:** The study used a Program Evaluation design with a combination of Explanatory and one group after only design. Data were collected from three data sources viz. chief functionary of rehabilitation facilities, persons with mental illness residing in the rehabilitation centers, and volunteer care providers. The study used interview schedules for the study of rehabilitation processes and profile of chief functionary and care providers. WHO QoL scale was used to measure the quality of life and level of functioning scale and Global Assessment of Functioning Scale for measuring the functioning. The care providers' orientation to mental illness was assessed using Orientation to Mental Illness Scale (Prabhu, 1983). **Findings:** On evaluation of the quality of patient care services, sixty five percent of the centers displayed above average and twenty five percent had poor overall quality of patient care services. The residents showed moderate level of quality of life in the area of physical health, psychological health, social relationships and high level of quality of life in the domain of environment. The level of functioning of the residents showed very low levels of functioning in the domain of community living, low levels of functioning in the domains of interpersonal relationship, psychological functioning and within normal limits of functioning in psychological functioning (dangerous behaviour) and physical functioning. The Quality of life of homeless mentally ill increased with better functioning. The outcome measures assessed in the study showed similar results to many global studies done in professionally managed rehabilitation centers. However, the research has identified several gaps viz. the staffs are untrained, organised rehabilitation processes are absent, quality of documentation is scarce, admission and discharge procedures are not compliant with the existing legislations. **Conclusions:** The results of this comprehensive study would add knowledge to the mental health delivery system for strengthening the care of the homeless mentally ill and would contribute to replication of such models in other parts of the country as well as across the globe. Considering the commendable services offered by these centers in the context of inadequate facilities for the care of the mentally ill in the country, sensible and practical policies and clearly planned protocols of service delivery could fortify the services and could be proven as one of the innovative, low cost rehabilitation facility for homeless mentally ill.



42737

PSYCHOSOCIAL REHABILITATION (PSR) IN DEVELOPING COUNTRIES: SRI LANKAN EXPERIENCE

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The process of developing PSR services in low and middle income countries poses a challenging task. The issues of inadequate facilities, resources both material and human resources are the main constraints. This is further compounded by the fact that Governmental policies and support for PSR are lacking or given very low priority among the health care programs. In Sri Lanka after a few decades of armed conflict and a serious natural calamity like Tsunami PSR initiatives were started in the government mental health Institute Angoda, near Colombo. The process was initiated with the existing staff and an intensive training program was conducted in 2005/2006. Part of the training was done in India at the National Institute of mental health and neurosciences Bangalore and the rest was done in Angoda itself. This symposium discusses the initial process, the training content and follow-up of this initiative in terms of the changes in the hospital setting as well as some initiatives in the community.

43012

THE KAMILI MODEL

MUCHERU M.

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Kamili Organization provides care to residents of a slum area in Nairobi on the one hand and a rural based community on the other. Since its inception it provides free treatment, income generating activities and microfinance for clients. Referrals from the clients and the national referral hospital have made it an integral part of mental health services provision. The liaison between Kamili and the Ministry of Medical services in training the ministry's staff nurses in community mental health is geared towards continued collaboration.

43138

MENTAL HEALTH SERVICES: WHAT CAN DEVELOPING COUNTRIES LEARN FROM THE DEVELOPED?

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When I started my psychiatric residency in the U.S.A. in 1962, there were said to be 750,000 patients in mental (state) hospitals in the U.S.A., 50% of all hospital patients. Now there are about 200,000 patients in those hospitals, but there are close to 1,800,000 prisoners in the country, as opposed to 300,000 earlier. Psychiatric services in the developing countries in Asia, Africa and South America suffers from enormous manpower constraints. As opposed to the norm of 100-150 psychiatrists per million population in developed countries in Western Europe and North America, developing countries average 1 to 4 psychiatrists per million population. The manpower situation in allied non-medical disciplines is even more unfavourable. However, contrary to the expectation, in spite of affluence and advantageous manpower situation, Western countries do not necessarily provide a more optimal level of care, particularly for severe mental disorders. The mental health services in a country like the U.S. are very variable, with large pockets being ill-served. It is accordingly emphasized that, while paying attention to making progress, developing countries should uphold their advantages, and should heed own priorities and philosophy. They should not blindly follow the West, so as to avoid their mistakes. (There is compelling evidence, for example, that the outcome of severe mental illness is more favourable in developing countries.) We must not lose sight of our advantages - of indigenous psychosocial therapeutic approaches and the traditional social support and values and family ties, increasingly eroded in the developed world.



Politiques en santé mentale centrées sur la citoyenneté

43016

REMPLACEMENT DE DEMANDES DE MÉDICALISATION DES ENFANTS ET ADOLESCENTS: UNE EXPÉRIENCE BRÉSILIENNE

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Introduction: Dans cette recherche, nous suivons le fonctionnement du réseau de santé mentale pour l'enfant et l'adolescent du Système nationale de la santé (SUS) à Belo Horizonte, Brésil. L'objectif était d'analyser les réponses de ce réseau à la demande pour des soins spécialisés, par rapport à des références discursives qui pointent vers la médicalisation et la psychologisation des problèmes. Apporte théorique: Michel Foucault et Deleuze et Guattari (squizoanalyse). **Méthode:** Analyse de documents, l'observation participante, entretiens semi-structurés avec des professionnels. **Résultats et discussion:** L'un des dispositifs existants, le Programme d'art de la Santé, vise à remplacer la forte demande des écoles et des familles pour renvoyer les « enfants problématiques » vers des écoles spéciales ou des traitements psychiatriques et psychologiques en offrant des ateliers d'art pour petits groupes. Les instructeurs sont les artisans qui habitent aux quartiers à la proximité et qui font le lien entre les usagers et le réseau de santé. Les ateliers n'ont aucune signification psychothérapeute ou psicopedagogique pré-définie. Les activités sont considérées comme un espace de résistance à l'exclusion sociale. Toutefois, des réunions avec d'autres professionnels du réseau ne suscitent que peu de stratégies de production collective. La logique dominante demeure l'acheminement avec peu d'innovation du réseau dans l'ensemble.

43474-43475-43476

IMPLANTATION D'UNE VISION ET D'UNE INTERVENTION CLINIQUE CENTRÉE SUR LA PLEINE CITOYENNETÉ: AXE DE TRANSFORMATION D'UN INSTITUT DE SANTÉ MENTALE MONTREALAIS, QUÉBEC, CANADA

FONDEMENTS IDÉOLOGIQUES D'UNE VISION ET D'UNE INTERVENTION CLINIQUE CENTRÉE SUR LA PLEINE CITOYENNETÉ

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L'hôpital psychiatrique a évolué depuis la psychiatrie institutionnelle en redéployant notamment, davantage de services dans la communauté. Malgré ces changements, l'hôpital s'inscrit encore trop souvent en rupture sociale, confrontant par le fait même, les utilisateurs de services à la stigmatisation et à la perte de liens sociaux. Bien que certains prônent la fermeture complète des hôpitaux psychiatriques, nous croyons plutôt qu'une transformation majeure peut s'opérer pour que l'hôpital devienne un acteur actif de sa communauté. C'est ce défi que veut relever notre Institut en proposant une vision et une intervention clinique centrée sur la pleine citoyenneté qui conjugue les principes du rétablissement et de la psychiatrie citoyenne. Trois grands thèmes seront abordés dans cette session thématique : 1) les fondements idéologiques, 2) La modélisation et 3) L'intégration de la culture au sein de l'Institut comme soutien à l'implantation de la vision clinique. Les auteurs présenteront les origines idéologiques de la conceptualisation de la vision et de l'intervention clinique centrée sur la pleine citoyenneté origine. Deux grands courants d'influences constituent les balises de cette vision: l'influence anglo saxon et principalement en lien avec la notion du rétablissement et des notions inspirées de la psychiatrie citoyenne du modèle français.

MODÉLISATION ET ACTUALISATION D'UNE VISION ET D'UNE INTERVENTION CENTRÉE SUR LA PLEINE CITOYENNETÉ: LES PRATIQUES CLINIQUES, ORGANISATIONNELLES ET POLITIQUES

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Les auteurs présenteront la modélisation d'une vision et d'une intervention centrée sur la pleine citoyenneté qui a permis de définir trois grands champs d'intervention: 1) les pratiques cliniques

en partenariat avec la personne et ses proches 2) les pratiques organisationnelles centrées sur les partenariats et l'intersectoriel et 3) les pratiques politiques centrées sur l'action sociale. Chacun de ces champs d'intervention seront définis selon les principes directeurs et de leur impact dans les champs d'intervention respectifs.

L'EXPRESSION D'UNE PLEINE CITOYENNETÉ PAR L'INTÉGRATION DE LA CULTURE AU SEIN D'UN INSTITUT EN SANTÉ MENTALE

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Les auteurs présenteront comment l'intégration de la culture au sein des activités d'un Institut en santé mentale peut soutenir l'actualisation des grands principes et des valeurs associées à la pleine citoyenneté. Des activités spécifiques seront apportées en exemple, notamment l'implication des patients partenaires au coeur même de ces activités.

Consumer involvement in research

41124

USER LED EVALUATION

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Objectives: Presentation of two user led evaluation projects from City of Oslo and Mid-Norway. The presenters has been central in the development of the evaluation method "User Ask User" (www.brukererfaring.no – english pages) They will present the theoretical framework for the methodology, and give two examples of the service evaluations from services in Norway. **Design:** Service evaluations, in a lowthreshold, early intervention hospital service and in municipal services for community mental health in the Norwegian capitol Oslos 15 town districts. **Methodology:** User led evaluation, qualitative and dialouge-based, Service learning trough service user experiences. Familieambulatoriet (famili ambulans serviceses) - project in 2012. Use of focusgroup and individual interviews with 14 young mothers with mental health problems and substanceaddiction and their families and 10 representatives from collaborating services in the municipalities. Dialouge – conferences with stakeholders. BSB Oslo – Focusgroups with 365 services users in 15 town districts – project 2007- 2009. Dialouge – conferences with stakeholders. **Conclusions:** Service user experiences and dialogue between service users and providers has been shown to be a valid and effective way of delivery and evaluation of services. Respect and acknowledgement of experiential knowledge is essential for developing relations between service users and providers on individual and organizational level.

41331

ANXIETY AND MEDICAL PRODUCTS: CONSUMER PERCEPTIONS OF RESEARCH PRIORITIES AND RELEVANCE

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Objective. Recently, scholar started drawing attention to the importance of involving consumers in mental health research and research agenda setting, but actual attempts to involve people with mental health problems in research remain scarce. In our study we describe a Dutch research agenda setting project on medical products, involving people with anxiety disorders. We provide insight in research priorities of people with anxiety disorders regarding medical products, and address the relevance of such products for consumers. **Methods.** The agenda setting process for anxiety disorders consisted of three phases: 1) consumer consultation through focus groups (two), 2) finalizing the research agenda consisting of a top three of medical products (by researchers and policy advisors), and 3) evaluation of the research agenda with consumers through interviews (fifteen). **Results.** The final research agenda included the following top three: medication based on individual characteristics, devices for biofeedback and medication directed at fluctuations in hormones. During the evaluation, participants confirmed that these topics were indeed prioritized in the focus groups. However, they missed two important research



priorities which had also been discussed in the focus groups; the development of medication with less or no side-effects and medication for which it is easier and faster to increase and reduce medicine dosage. Participants further considered the scope of the research agenda too narrow since it only focused on medical products; psychosocial and organisational aspects are at least as important to them.

Conclusions Findings show that it is possible for consumers have a valuable and unique contribution to health research agenda setting, by taking their experiences with anxiety disorders as a starting point for formulating research priorities. The results further point out an important dilemma; the predefined focus of the research agenda on medical products partly prevented consumers from discussing topics of their interest which were more social and holistic in nature.

42617

REFLECTIONS AND CONSIDERATIONS IN DEVELOPING A USER INVOLVED RESEARCH PROJECT IN COMMUNITY MENTAL HEALTH

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Objective: Raise issues related to planning and developing a user involved participatory action research (PAR) project. What are some key issues in making this a collaborative project? In PAR a democratic, collaborative research process is emphasized. We will raise and reflect on some dilemmas based on our experiences with an ongoing user involved PAR-inspired project in Norway. **Design and method:** We base our reflections on material from the planning process in the aforementioned collaborative research project, and discussions in the literature. **Results and conclusion:** The feasibility of a real democratic collaboration from the onset is challenged by several issues. Practical issues, such as who initiates and organizes the collaboration, might represent a dilemma—especially if it is not addressed. Contrasts between contextualized, action oriented priorities of users, and postpositivist scientific standards, represents another, possibly wide-ranging dilemma which might affect either the collaboration or access to funding. Diverging political orientations of PAR and individual participants in the collaboration might represent a dilemma – but should not if properly addressed. Maneuvering in postpositivist territory, while seeking inspiration from PAR, which is oriented toward the paradigm of critical realism, is a fundamental dilemma, and it necessitates continual critical reflection and action for system change.

42916

BLACK GOLD - WHAT OCCURS IN A WRITING PROCESS AND WHICH TASKS LEADS TO RECOVERY?

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Black Gold is a project which aims to examine the positive turning points which occur during the process of healing for those who have suffered or are still suffering from mental health issues. Gunn Marit Uverud felt there was lack of literature in this field having experienced a period of mental illness herself between 2008 and 2009, and this inspired her to initiate the project in 2011. Knowledge of why people are affected by mental illness is well documented but there has been a lot less research into what can inspire hope and empowerment in a person who is struggling with mental health problems. Black Gold is a work in progress which in particular aims to explore the connection between narratives of a turning point and the process of healing. Using workshops to gather material from people who have been through a crisis or mental illness, the project is planning the publication of a book in 2013. The goal is to inspire mental health professionals and students as well as people with mental health problems. The three people responsible for Black Gold will give a presentation illustrating their experiences between 2010 and 2012 at the WAPR conference.

42957

SHARING THE KNOWLEDGE TO IMPROVE THE MENTAL HEALTH: USING COMMUNITY BASED PARTICIPATORY RESEARCH AS A WAY OF MENTAL HEALTH REHABILITATION IN AMBON, INDONESIA

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Objective: Community Based Participatory Research (CBPR) should have several advantages beyond the research process, such as the opportunity to share study results with the community under study and empower community participants to find out the best solutions for their own situations. Our study on the mental health of Internally Displaced Persons (IDPs) in Ambon, Indonesia, used CBPR approach. The study results were disseminated to all community partners. The aim of this presentation is to show the impact of sharing knowledge with the community in terms of empowerment in handling mental health challenges. **Method:** Following the longitudinal study on mental health of IDPs in Ambon, two seminars were arranged to disseminate the results. The first seminar was addressed to primary health care professionals. The second one was addressed to the community members who participated to the study. We invited 50 health professionals and 100 community members. To evaluate the impact of the seminars on the participants qualitative analyses were conducted. **Results:** The main purpose of the seminars was to inform the health authorities about our findings on the mental health needs of the community. Some of the challenges identified by the health personnel in the community were the lack of training in mental health, and the stigma about mental illness. The study participants were excited to listen to the presentation of the results. The theme of "life must go on" was implemented in many different ways in the participants' lives. Participants said that the results confirmed that they are strong persons and therefore encouraged each other to work harder and organize a self-help group to assist each other in times of hardship. A young woman said that it is important for the IDPs to realize that every person has a mechanism to fight the stress and problems in life, as shown by the study results. **Conclusion:** The CBPR approach can enhance knowledge and awareness of mental health problems in the community. The improved knowledge can, in turn, motivate the community to improve its own mental health through its initiatives.

Research on recovery

38183

THE INDIVIDUAL RECOVERY OUTCOMES COUNTER (I-ROC): DEVELOPMENT AND BEST PRACTICE OF A TOOL TO MEASURE PERSONAL RECOVERY JOURNEYS.

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Objective. The concept of recovery has become increasingly embedded in UK mental health care policy. A commitment to recovery is now explicit in the training programmes of most mental health professionals and in the mission statements of many mental health services. Little work has yet examined recovery as an outcome variable. **Design & Methods.** The Individual Recovery Outcomes Counter (i-ROC) was designed in discussion with services users and mental health workers. Reliability and validity of the tool were assessed in a joint project between the University of Abertay Dundee and Scottish charity Penumbra. Here we describe the process undertaken to establish the value and utility of the measure. These include evaluation of the tool's usability, analysis of psychometric properties and benchmarking against similar measures. We also describe implementation of i-ROC, and methods used to establish a recovery culture. **Results & Conclusions.** We will present our findings and explain how they have informed policy and a recovery culture within the organisation. We describe the practical issues faced over the course of work with a view to informing the management of other similar projects. We present a case for the robust measurement of recovery as an outcome variable for service users and providers.



40703

THE SIGNIFICANT PREDICTORS OF RECOVERY AMONG PERSONS WITH PSYCHIATRIC DISORDERS: CAUSAL EXAMINATION OF THE UNITY MODEL

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Objective: This study aimed to test the Unity Model of recovery and determine the significant predictors of recovery among persons with psychiatric disorders. **Design and method:** A longitudinal panel study design with three measurement times was adopted: The study participants were evaluated at baseline (T1), at six months (T2), and at nine months (T3). 40 consumers in a day hospital, and 22 consumers in a community psychiatric rehabilitation center in Kaoshiung city were recruited. The independent variables (IVs) were selected based on the Unity Model, including the three cornerstones of recovery (psychiatric symptom, family support, resilience), other informal support (intimate partner, friend and neighbor), and formal support (social welfare subsidy). Multiple regression analyses were conducted to predict the extent of recovery at follow-up. **Results:** The IVs at T1 explained 35.8% of the variance in the recovery at T2 and The IVs at T2 explained 59.8% variance in the recovery at T3. Globally The IVs at T1 explained 38.1% variance in the recovery at T3. The significant predictors of recovery were family support, resilience, and social welfare subsidy. **Conclusion:** The results support the validity of the Unity Model of recovery. Social and psychological strengths, and not psychiatric symptoms, are the salient predictors of recovery.

41871

IMPLEMENTATION AND EVALUATION OF THE ILLNESS MANAGEMENT AND RECOVERY PROGRAM FOR SCHIZOPHRENIA

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Objectives: The Illness Management and Recovery (IMR) program is aimed at promoting recovery in clients with severe mental illness through the acquisition of self-illness management skills. The aim of the presentation is to discuss the implications of IMR research findings for implementation and clinical practice, and considerations for future research. **Methods:** The program model posits that the proximal outcomes of learning the fundamentals of illness self-management (i.e., psychoeducation, social skills training, relapse prevention planning, behavioral tailoring for treatment adherence, and coping skills training for managing stress and symptoms), combined with setting and pursuing personally meaningful goals, will instill hope and help clients make progress towards longer-term recovery outcomes, including a sense of purpose, more rewarding social relationships, and improved role functioning. **Results:** Several studies have demonstrated the effectiveness of IMR at improving illness management and reducing psychiatric symptoms. Research has also investigated the associations between neurocognitive functioning, symptomatic remission, and outcome of the IMR program. **Conclusion:** The general findings support the IMR program to be effective in improving the ability of its participants to manage their disorder.

41875

CHOICE OF APPROPRIATE OUTCOME MEASURES FOR RECOVERY AND RISK IN SECURE SERVICES

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Objective. The aims of the study were to investigate the relationship between recovery and risk outcome measures for patients in a low secure setting. **Design and Method.** A Quantitative time series study comparing data from the Recovery Star Tool, Short Term Assessment of Risk and Treatability (START) and Historical Clinical Risk - 20 (HCR-20) assessment tool to investigate any relationship between the scores. Data was derived from service user health records. Two sets of scores were analysed for 24 service users from each of the three tools, one score from the current tool (time 2 score) and a second score (time 1 score) from the previously completed tool. **Results and Conclusion.** The results indicate that Recovery Star and START Strength scores increased over time. START Vulnerability scores decreased over time. However, this inverse correlation between risk and recovery was lacking for the HCR-20. There were no significant differences for gender and diagnosis. The results suggest some face validity for the use of a



recovery tool like Recovery Star and a risk tool like START in parallel, as appropriate outcome measures, within secure services. Further data will be collected to see if this relationship remains consistent over a longer time-frame.

42873

RECOVERY-ORIENTATION IN LONG-TERM MENTAL HEALTH RESIDENTIAL FACILITIES IN PORTUGAL: STUDY DESIGN AND PRELIMINARY RESULTS

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Background. The last decades have seen dramatic changes in care provision in the field of mental health. The most recent developments defend more humanized care provided in community-based settings and according to a recovery-focused model. The possibility of recovery in long-term mental illness has been documented by various studies and advocated internationally. Recovery-oriented service provision in community-based facilities will depend, among other factors, on the attitudes and skills, i.e., daily practices, of the staff providing care and support services. **Objectives.** This study aims to: measure recovery orientation in institutions that provide psychosocial rehabilitation services in Portugal, namely residential support services; develop an intervention to train staff designed to promote recovery-oriented practices and care; evaluate the intervention's effectiveness. **Design and Method.** Integrated in a larger 3 year national multicentre cluster randomized controlled trial, this study will be carried out in four phases: i) Baseline – All residential facilities for long term mental illness in Portugal will be invited to participate, managers/directors receiving information about the study and informed consent forms. Baseline data will be collected regarding facilities, staff and 10 users randomly selected; ii) Randomized aleatory distribution of facilities into control and interventions groups; iii) Intervention development and implementation; iv) Follow-up. **Results.** The study's main outcome variable is the facilities' recovery-orientation measured by the portuguese version of the Recovery Self-Assessment for providers and users. Secondary outcomes regard staff knowledge and attitudes towards recovery. **Discussion.** Despite present recognition of the relevance of the application of recovery principles in mental health practice, and the rising number of research and publications on the subject of strategies to promote recovery-oriented practice in english speaking countries, a study to measure recovery-orientation in mental health care has never been undertaken in Portugal, much less one to test an intervention based on training staff to develop a recovery-focused culture and practices. The study will deliver important results to inform the current mental health reform in Portugal.

Clinical trials, systematic reviews and epidemiology

38986

TREC-SAVE: A RANDOMISED TRIAL COMPARING MECHANICAL RESTRAINTS WITH USE OF SECLUSION FOR AGGRESSIVE PATIENTS IN PSYCHIATRIC HOSPITALS. TRIAL REGISTRATION: ISRCTN4945427

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TREC-SAVE is the first pragmatic addressing issues of seclusion or restraint for psychotic people who have become acutely aggressive and was designed after close consultation with all involved. **Methods.** Participants were anyone aggressive in emergency wards of a large psychiatric hospital for whom restriction was felt to be indicated. People were randomised to use of four-point restraint or use of a minimally furnished seclusion room. Medication was used as prescribed. **Results.** 105 participants were included with similar data across groups. People allocated to seclusion were at greater risk of needing an early change of their treatment to restraints (RR 1.96 95%CI 1.02-3.80), but this study provides evidence that this care pathway does not increase overall time in restriction of some sort (RR Not restricted - by 4 hours 1.10 CI 0.74-1.63). **Conclusion.** Opting for the least restrictive option in circumstances where there is clinical doubt does not harm or prolong coercion. This is one small trial of short duration but its outcomes and circumstances apply to very great numbers of people. Objective evaluation of these techniques can, humanely and ethically, be applicable worldwide. Without fair testing, they will continue to be used outside of a rigorous evidence base.



41798

THREE SHIRES EARLY INTERVENTION DENTAL TRIAL: A PRAGMATIC CLUSTER RANDOMISED CONTROLLED TRIAL – PROGRESS SO FAR

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Objective. People with mental illness have more dental problems than people without. Explanations include medication side effects, issues with self-care, barriers to treatment and poor recognition of dental problems. The objective is to investigate whether a dental checklist plus dental awareness training affects oral health of people with mental illness. **Design and Method.** Local Early Intervention in Psychosis teams (n=10) and their service users aged over 18 (n=1037) were eligible. Teams were randomly allocated to intervention or control. The checklist comprises questions regarding service users' oral state and practice, and general mental state. Intervention team Care Co-ordinators received 30 minutes of dental awareness training before initial use of the checklist with service users. Twelve months later the checklist is repeated. Control group Care Co-ordinators deliver standard care for 12 months before receiving dental awareness training and using the checklist. **Results and Conclusions.** The primary outcome is dental health behaviour. Baseline data are being collected. This study, designed by collaborative effort of clinicians, researchers and service users is unique. The simple intervention and method shows how a bottom-up design can work. These trials are potentially powerful and can produce interventions that, if effective, could be widely implemented with little time and cost implications.

41861

WHAT IS COGNITIVE REMEDIATION THERAPY DOING IN THE BRAIN OF PATIENTS WITH SCHIZOPHRENIA IN TERMS OF NEUROCONNECTIVITY?

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Cognitive remediation therapy (CRT) is a psychological treatment to ameliorate cognitive impairment in schizophrenia that combines scaffolding with repeated practice in an errorless learning approach. Unfortunately, studies on the underlying neurobiological mechanisms of this effective treatment are scarce. **Objective:** To examine functional and structural connectivity brain changes in schizophrenia patients after cognitive remediation therapy using a whole-brain approach that combines functional magnetic resonance imaging and diffusion tensor imaging. **Design and methods:** Randomized controlled trial with a total of 30 schizophrenia outpatients and 15 healthy volunteers. 15 patients follow a CRT program and 15 a behavioural-based psychoeducation therapy acting as an active control. **Results:** Brain networks activation pattern significantly changed in patients exposed to the treatment in the sense of normalizing towards the patterns observed in healthy controls. Additionally, in white matter they showed an increase in Fractional Anisotropy Index in the anterior part of the genu of the Corpus Callosum. Functional and structural changes were correlated in the cognitive remediation group subjects. **Conclusion:** Improvement in brain functioning detected after cognitive remediation therapy in schizophrenia patients might be based on an increase of the interhemispheric information transfer between the bilateral prefrontal cortexes via the corpus callosum.



42557

STUDYING GENE AND ENVIRONMENT INTERACTION IN THE DEVELOPMENT OF PSYCHOSIS: IMPLEMENTATION OF THE EU-GEI PROJECT IN BOLOGNA

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Introduction: Schizophrenia and related psychotic disorders represent one of the most mysterious and costliest of mental disorders in terms of human suffering and societal expenditure. Until recently, researchers had made relatively little progress in trying to unravel the causes of psychotic disorders and identify better treatments with fewer side effects. The last decade, however, has seen significant progress, helping researchers in the EU for the first time to devise a rational strategy of large-scale collaboration. With the help of significant funding in the Seventh Framework Programme of the European Commission (FP7), a unique, large-scale collaborative project EU-GEI (EUropean network of national schizophrenia networks studying Gene-Environment Interactions in schizophrenia (EU-GEI; <http://www.eu-gei.eu/>), was started in May 2010, focusing on the causes of schizophrenia and related psychotic disorders. **Method:** As part of this, we are conducting directly comparable population based incidence and case-sibling-control studies of psychosis in Bologna, covering a total population at risk (aged 18 to 64 years) of around 350,000 people over a period of three years. Detailed information is being collected from participants across a range of domains: clinical, biological, psychological, substance use and social. Training for completion of assessments is delivered primarily through a web based platform (GET-THERE), with provision for ongoing tests of inter-rater reliability. **Results:** In 2011 (the first year of the study) we identified and collected basic clinical and socio-demographic information on 63 first episode psychosis (FEP) patients. The incidence rate is higher than previous data obtained by FEP study in Bologna. Twenty one % were international migrants and 27% substance abusers. **Conclusion:** The EU-GEI project will highlight the mechanisms of interaction between genetic, biological and social development factors in psychosis. From clinical perspective, EU-GEI findings could allow the formulation of a risk map useful to predispose increasingly effective early interventions. Currently, the early stages of the project have enabled to strengthen and improve the existing network of identification of FEP patients. The longitudinal observation of these cases could help to identify factors conditioning the clinical outcome and course of psychotic disorders

42584

THE EFFECTIVENESS OF RECOVERY-BASED INTERVENTIONS FOR PEOPLE WITH SERIOUS MENTAL ILLNESS: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Objective: We conducted a systematic review and meta-analysis to measure the extent to which participation in a recovery-based group intervention, compared to treatment as usual, reduces psychiatric symptoms in persons with serious mental illness. The secondary outcomes were recovery, hope, and quality of life. **Methods:** We searched MEDLINE, EMBASE, CINAHL, PsychINFO, and citations from relevant articles and reviews (from 2002 to June 2012). We included randomized controlled trials comparing recovery group interventions with usual care in adults with schizophrenia, bipolar disorder, or depression as a primary diagnosis. Study selection, data extraction and quality assessment were completed by two independent reviewers. Effect sizes (ES) were reported as mean change scores. The I-squared test was conducted to evaluate heterogeneity of ES. **Results:** 2597 articles were identified and reviewed, with 10 RCTs meeting the inclusion criteria. For symptom management, the overall ES, under a random-effects model, was 0.10 (confidence interval, -0.13 to 0.34, P=0.38). The ES for recovery was 0.40 (0.19, 0.61, P=0.03); hope 0.35 (CI, 0.14, 0.57, P=0.01); and quality of life 0.27 (0.10, 0.47, P=0.01). Statistical heterogeneity ranged from 4-58%. **Conclusions:** Recovery interventions had modest positive effects on recovery, hope, and quality of life, with a non-significant overall effect on symptom reduction. These results offer further support for the implementation of recovery-based interventions in the rehabilitation of persons with serious mental illness.



42758

MENTAL HEALTH RECOVERY ON A FARM: A SYSTEMATIC REVIEW OF LITERATURE ON FARM-BASED INTERVENTIONS FOR PEOPLE WITH MENTAL DISORDERS

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Objective: Farms are increasingly used in mental healthcare. This study aimed to systematically review the evidence on the effectiveness of farm-based interventions for patients with mental disorders. **Method:** Controlled and uncontrolled studies of farm-based interventions were included. Within and between group effect sizes were calculated. Qualitative data were summarized using thematic synthesis. The review followed the PRISMA, Cochrane and COREQ standards. **Results:** The eleven articles included reported results of five studies, three of which were randomized control trials (RCTs). Overall, 223 patients with depressive disorders, schizophrenia or heterogeneous mental disorders attended three types of farms-based interventions. Favourable effects on clinical status variables were found in one study in patients with treatment-resistant depressive disorder and in one RCT in patients with schizophrenia. Assessment of rehabilitative effects (functioning and quality of life) was limited and yielded conflicting results. Patients' experiences revealed that social and occupational components of interventions were perceived as beneficial, and provided insights into how farm-based interventions may facilitate recovery. **Conclusion:** Our results suggest that the farm environment should be considered, especially for patients with mental disorders who do not achieve an adequate response with less intensive treatment options. Further research is needed to clarify potential social and occupational benefits.

Auto aiuto e partecipazione degli utenti

39889

ESPERIENZA DI UN MODELLO AUTOGESTITO DI AGGREGAZIONE TERRITORIALE DI UTENTI BIPOLARI

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I bipolari pugliesi sono un gruppo autogestito per il disturbo bipolare, nato nel 2010. Il gruppo non ha gerarchie e ogni iniziativa può essere gestita solo da utenti (UB). I momenti di aggregazione del gruppo sono: Incontro aperto (IA); Incontro chiuso (IC); Incontro libero (IL). L'IA e L'IC (riservato agli UB), sono momenti di aggregazione strutturata e hanno facoltà deliberativa. La fase psicoeducazionale e il gruppo AMA sono sottomomenti di informazione e socializzazione rispettivamente dell'IA e dell'IC. L'IL, invece, non è strutturato e si concretizza nelle dinamiche di rete risultando fondamentale per la continuità e la coesione. Il gruppo è attualmente costituito da circa 40 membri (25UB); è in espansione e si ispira alle pratiche di recovery e di empowerment. In totale sono stati realizzati più di 60 incontri con un indice di adesione al gruppo pari al 96% e una continuità compresa tra il 50 e il 60%. L'aderenza alle terapie è elevata (>80%). Va segnalata la partecipazione di 4UB ad un corso per facilitatori di gruppi AMA e l'organizzazione di 2 convegni autogestiti. Il bilancio è positivo, sia in termini di diminuzione dei ricoveri, sia in termini di soddisfazione personale per l'apprezzabile miglioramento della qualità della vita riscontrato.

40759

AVEVO VENT'ANNI - STORIA DI UN PERCORSO TERAPEUTICO

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La relazione ha come oggetto il mio percorso terapeutico, dall'insorgere del disagio a una condizione di riacquisito equilibrio. Un percorso segnato dalla sofferenza, ma che mi ha permesso di crescere, di acquisire consapevolezza, di riconoscere le mie fragilità, e ha stimolato la mia riflessione sulle diverse modalità di intervento terapeutico e sulle caratteristiche dei servizi e delle strutture di cura che ho sperimentato. La svolta decisiva del mio percorso è avvenuta nel settembre del 2008, quando la

determinazione dei miei medici curanti mi ha portata all'inserimento presso la comunità terapeutica Lighea, situata in via Leopardi 1, nel centro di Milano, a stretto contatto con la realtà sociale della città. Lì ho vissuto e condiviso la quotidianità con altri otto ragazzi e ragazze e con gli operatori. Contemporaneamente ho seguito un programma riabilitativo individuale, fino all'approdo ad un alloggio indipendente, nel quadro di un progetto di residenzialità leggera. Intendo affrontare i temi dell'importanza delle scelte terapeutiche, delle caratteristiche che rendono le strutture idonee a curare il disagio psichico e, come membro dell'associazione AIEMM, del supporto necessario ai famigliari dei pazienti.

41715

IL RUOLO DEI FACILITATORI NEI PROCESSI DI ASSESSMENT E DI INGRESSO/ACCOGLIENZA IN GRUPPI RIABILITATIVI IN SET CON SCARSITA' DI RISORSE

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Obiettivo. La presente comunicazione ha come oggetto la valutazione dei percorsi di ingresso/accolgenza nel Gruppo Albatros afferente all'UOC di Psichiatria del Policlinico Universitario di Palermo. L'equipe multidisciplinare ha definito una metodologia originale di inserimento dei nuovi utenti secondo una gradualità di step, dando risalto all'apporto fornito dagli utenti "facilitatori", al fine di favorire il senso di appartenenza, la validazione del metodo e la valorizzazione dell'auto-aiuto. **Disegno E Metodo.** Il modello prevede 5 step: 1) assesment psichiatrico del potenziale utente; 2) valutazione psicosociale tramite intervista semi-strutturata costruita ad hoc e batterie testologiche multiprofessionali; 3) condivisione in equipe allargata della valutazione effettuata e stesura progetto riabilitativo individualizzato; 4) restituzione a utente e familiari dell'esito valutativo. Gli utenti ritenuti idonei all'ingresso in Albatros partecipano a gruppi "propedeutici" con presenza facilitatori (utenti senior e familiari) illustranti attività svolte nei sottogruppi; 5) valutazione delle abilità sviluppate dall'utente tramite strumenti specifici. **Risultati E Conclusioni.** La valorizzazione di facilitatori, utenti con avanzati livelli di insight ed empowerment risulta efficace opportunità in setting riabilitativi con limitazioni di risorse favorendo il senso di appartenenza al gruppo e riducendo sensibilmente il tasso drop-out.

42452

PROVE DI EMPOWERMENT

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Obiettivi. L'Associazione raccoglie al suo interno operatori, utenti, volontari e cittadini comuni. Dopo anni in cui gli operatori e i volontari si sono fatti parte garante ora il gruppo di utenti sta acquisendo maggiore autonomia e potere. Attualmente il Direttivo è composto all'80% da non operatori. **Metodo.** Durante molti confronti tra operatori e utenti si è messo a fuoco il rischio di ingerenza da parte dell'operatore che sottilmente condiziona i contenuti. Dal Servizio psichiatrico è stato consigliato agli operatori di uscire dal Direttivo dell'associazione, per meglio favorirne l'empowerment. **Risultati.** Gli operatori stanno uscendo dalle cariche istituzionali; gli spazi lasciati vengono coperti da utenti. Questo orientamento verso una maggior autonomia suscita reazioni contrastanti: 1) soci che assumono maggiori responsabilità propositive e decisionali 2) soci che sollevano ulteriori richieste di sostegno e vivono l'uscita dell'operatore come una perdita di una guida. L'operatore che prima veniva incolpato di ingerenza ora viene vissuto come responsabile dell'abbandono. **Conclusioni.** 1) Gli operatori/volontari hanno preso atto di un condizionamento nei confronti dell'utente; tale condizionamento, seppur di stimolo, rischiava di mantenere una soggezione nelle scelte decisionali con ricadute paternalistiche. 2) Il gruppo di utenti da una parte ha preso più coraggio propositivo dall'altra vive il cambiamento con una certa insicurezza. 3) In questa fase di transizione stiamo sperimentando forme di "meticciato" nelle quali ci confrontiamo apertamente; gli operatori vivono la dualità, ed in alcuni casi la contraddizione, dell'essere rappresentanti dell'Istituzione (ospedaliera) e soci nella realtà paritaria dell'associazione.



42648

UNOSPAZIOPER, UN PROGETTO DI INCLUSIONE SOCIALE DI UTENTI NELLE ASSOCIAZIONI DI SARONNO

DARÒ M.

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Obiettivi: La finalità del progetto è di fare in modo che la ricchezza di esperienze del mondo associativo, di cui il territorio di Saronno è molto ricco, possano diventare non solo delle occasioni di incontro ma delle opportunità di crescita per i più fragili: a tale scopo è stata costituita una rete con le associazioni che hanno aderito al progetto, offrendo loro un percorso formativo ad hoc. **Metodo.** Fase formativa: rivolta alle associazioni che hanno aderito all'iniziativa. Fase preparatoria: accordi operativi con il CPS (Centro Psico Sociale) ed individuazione referente operativo. Fase informativa: "pubblicizzazione" del progetto agli utenti e coinvolgimento attivo dei terapeuti. Fase affiancamento: ingresso degli utenti nelle associazioni con affiancamento da parte del team di progetto. Fase verifica: valutazione congiunta cps-team degli inserimenti avvenuti. **Risultati.** Oltre 15 le associazioni aderenti (in crescita) oltre 30 gli utenti inseriti, di cui una ventina fanno stabilmente parte delle associazioni. **Conclusioni.** Il progetto ha riscosso un notevole successo sia presso le associazioni sia presso gli utenti creando delle vere e proprie partnership tra AsVAP4 e alcune associazioni, dando modo di sviluppare insieme ulteriori progetti di inclusione sociale.

42767

AUTO-AIUTO E PROGETTI GESTITI DAGLI UTENTI: UN'ESPERIENZA DI RICERCA

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Obiettivi. L'efficacia dei gruppi di Auto-Mutuo-Aiuto si basa sul riconoscimento del ruolo di protagonisti del proprio benessere delle persone che ne fanno parte, attraverso percorsi di condivisione dei problemi comuni, miglioramento delle capacità relazionali, acquisizione progressiva di autostima, sperimentazione di capacità progettuali, apertura alla comunità civile. Il gruppo di Auto-Mutuo-aiuto INSIEME, rinominato di recente INSIEME...i girasoli, nasce nel Centro di Salute Mentale (CSM) di Lecce nel 2003, con l'obiettivo di affrontare il problema dell'esclusione sociale di particolari fasce di utenti, aventi in comune la solitudine e l'isolamento sociale, attraverso la condivisione del loro problema e il fare assieme, per migliorare così la qualità della loro vita e ridurre gli effetti della patologia psichiatrica. **Disegno E Metodo.** Composto da utenti del CSM in numero variabile da 10 a 15, da due facilitatori della comunicazione, nonché da giovani tirocinanti e volontari che si affiancano talora in modo stabile, è da sempre impegnato in un'opera di sensibilizzazione e difesa dei diritti umani e di lotta allo stigma, in stretta collaborazione con l'Associazione Salentina Tutela Salute Mentale (A.S.T.S.M. - ONLUS). Nel 2007 il gruppo ha l'idea di avviare, organizzare e condurre una ricerca sui diritti appunto, e più propriamente sui diritti sociali degli utenti psichiatrici, muovendo dalla conoscenza e analisi dei loro problemi quotidiani, in base all'ipotesi che lo stato d'isolamento sia connesso più che alla patologia, all'esclusione sociale (stigmatizzazione) che segna la loro quotidianità. L'aspetto innovativo è rappresentato dal ruolo centrale dell'utente intervistatore e dal processo di soggettivazione che ha caratterizzato tutte le fasi del lavoro e che ha visto coinvolti tutti i componenti del gruppo nella lettura dei risultati e nella attribuzione/riappropriazione di sensi e significati. **Risultati e Conclusioni.** Ne è nato un libro dal titolo CERCAVAMO IL SENSO.....VIAGGIO NEL MONDO DEL DISAGIO MENTALE, scritto a più mani, che descrive la ricerca e la inserisce nella storia del gruppo. Un viaggio che, valicando il loro mondo di sofferenza e solitudine, ha portato i protagonisti ad acquisire maggiore fiducia in sé stessi e a credere che la loro fatica possa aiutare a capire che la difficoltà del vivere un disturbo della mente può e deve trovare posto e dignità nel quotidiano di noi tutti. Un viaggio che sta continuando ancora oggi, esplorando nuovi percorsi (il disagio in famiglia) e sperimentando nuovi metodi (intervista a specchio) con la preziosa collaborazione del Dipartimento di Sociologia dell'Università del Salento, ma questi sono lavori in corso e di ciò vi diremo poi.

Modelli organizzativi dei servizi e processi di cambiamento

40642

L'INNOVAZIONE DEL PROCESSO RIABILITATIVO ATTRAVERSO LA COGESTIONE PUBBLICO-PRIVATO DELLE RISORSE ECONOMICHE, PROFESSIONALI E STRUTTURALI

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Obiettivo: Il presente lavoro si propone di illustrare la metodologia dei Progetti Riabilitativi Personalizzati (PRP) finanziati con Budget Individuali di Salute (BIS), applicata sull'intera popolazione dei pazienti del DSM dell'ASL BI inseriti, a vario titolo, nel settore riabilitativo (circa 320 pazienti). **Metodologia:** Da una stretta collaborazione tra pubblico e privato si è giunti all'assegnazione di un BIS per ciascun utente afferente al sistema riabilitativo. Il BIS è costituito dalle risorse economiche, professionali e strumentali assegnate sulla base dei bisogni individuali. **Risultati:** Dall'ultimo monitoraggio delle revisioni dei PRP, si può affermare che tutti utenti del circuito riabilitativo psichiatrico biellese dispongono di un BIS tarato sulla base dei bisogni individuati nel PRP condiviso tra tutti gli attori a vario titolo coinvolti: utente, famiglia, operatori. **Conclusioni:** Il modello si caratterizza per una grande flessibilità e per la possibilità costante di trasferire risorse nelle tre aree di intervento (abitare, socialità, lavoro), a garanzia di progetti costruiti sugli effettivi bisogni del paziente in un preciso momento della sua storia di malattia. Riteniamo che la nostra esperienza testimoni come un modello organizzativo complesso e dinamico possa realizzare i principi che favoriscono l'empowerment, e sostenere la speranza, intesa come aspettativa realistica del miglioramento della qualità della vita.

40925

IL CSM 24 ORE CON OSPITALITÀ NOTTURNA MIGLIORA LA QUALITÀ DELL'INTERVENTO E PRODUCE RISPARMIO ECONOMICO. PRESENTAZIONE DEI DATI E COSTI DI ATTIVITÀ DI PRIMI 6 MESI 2012

BOSIO R.

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La ristrutturazione dell'attività del CSM 24 ore di Cesena si è avviata nel 2011 con diverse azioni fra le quali la individuazione di 8 Punti di Accesso Facilitato aperti ogni giorno per 6 ore alla settimana, l'attivazione di due Centri Diurni e la predisposizione di 6 posti letto nel CSM per la risposta alle esigenze dell'utenza sia dal punto di vista clinico che sociale per 24 ore su 24 per 7 giorni su sette. Viene presentato il programma di riorganizzazione con analisi dei costi cessanti e subentranti, e gli esiti clinici ed economici dei primi sei mesi di attività che evidenziano un significativo risparmio economico. La presenza di posti letto nel CSM si caratterizza per un suo utilizzo a bassa soglia ed alta flessibilità permettendo l'avvio di percorsi demedicalizzanti assieme ad una revisione negli utenti dell'immagine del Servizio di Salute Mentale che da luogo del controllo diviene luogo della risposta precoce al disagio evitando il ricorso a ricoveri in SPDC. D'altra parte l'ospitalità notturna rappresenta anche uno strumento di atto a diminuire il carico familiare e a creare nuove sinergie e collaborazioni nell'ottica della recovery.

42032

EMPATIA E ORGANIZZAZIONE DEL SISTEMA SANITARIO

TAVERNA A.

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L'Italia ha un sistema sanitario che le analisi oggettive riconoscono come uno dei migliori al mondo, ma per i cittadini è uno dei peggiori. In altre situazioni degli interventi medici poco efficaci sono molto soddisfacenti per i cittadini. La variabile che raramente viene considerata nella valutazione del sistema delle cure è l'empatia. Questo dipende anche dall'origine filosofica del termine, legato al rapporto individuale. Tuttavia nel corso del lavoro si illustrerà come questo tema, presente da sempre nella riflessione sul ruolo medico-paziente, possa anche essere considerato come una variabile di sistema e avere delle conseguenze sulla politica dei servizi. In particolare rispetto alla necessità di evitare la costruzione di una tecnologia della sofferenza, nella quale tutti gli elementi di dolore presenti nel processo terapeutico vengano oggettivizzati, trasformati in sintomi e affidati per il trattamento agli specialisti della sofferenza



umana, psicologi e psichiatri. Gli esempi sono di tipo clinico, sia provenienti dalla pratica professionale, sia dalla letteratura. Un ruolo particolare avrà l'esperienza di Auschwitz, considerata come un luogo simbolico della nostra storia e un esperimento di annullare la dimensione relazionale dell'uomo.

42453

TEMPO DI CRISI: COSA CAMBIA NEI SERVIZI

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La situazione di crisi economica nei paesi occidentali, incide sul modello di welfare e quindi sull'organizzazione del sistema sanitario pubblico, imponendo con la riduzione delle risorse una riorganizzazione dei sistemi terapeutico- assistenziali, anche nell'ambito della salute mentale preservata dai tagli di risorse nel nostro paese, a partire dalla riforma della L. 180/78. Da qui la necessità di acquisire strumenti utili a mantenere efficacia dei risultati ed efficienza dell'organizzazione, in questa situazione di importante cambiamento. Il riflesso di questo nell'organizzazione istituzionale, sia per le acuzie che per la riabilitazione, comporta rischi di perdita funzionale e, più in generale operativa, nei confronti dei pazienti e dei loro famigliari oltre che per gli operatori. Le cause della sofferenza, che favoriscono il fallimento della politica istituzionale apparentemente ben costruita, possono dipendere da fattori psicologici per lo più inconsci, inespressi e imprevedibili; che possono influenzare il comportamento della leadership, del management e dei collaboratori (followers). Il modello Tavistock: -si fonda su una "teoria clinica" dell'organizzazione e dei suoi cambiamenti; -studia gli aspetti inconsci del comportamento degli individui e dei gruppi all'interno di un'organizzazione, ed il modo in cui essi ne influenzano il funzionamento; -muove dall'esperienza che in una qualsiasi organizzazione le strategie, per quanto accurate, ragionevoli e competenti, si rivelano sovente difettose o inapplicate. Quest'approccio si è rivelato utile per affrontare le problematiche evidenziate, sia in ambito pubblico che privato.

42993

LA SFIDA DI DEISTITUZIONALIZZAZIONE E AFFERMAZIONE DI DIRITTI: L'ISTITUZIONALIZZAZIONE PSICHIATRICA NELLO STATO DI SAO PAULO/ BRASIL

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La politica di salute mentale del sistema sanitario pubblico brasiliano è basata, dal 1990, su due assi centrali della riforma psichiatrica: garanzia dei diritti e superamento del modello asilare; tuttavia, l'istituzionalizzazione psichiatrica è, ancora, un problema fondamentale. **Obiettivi:** presentare lo studio che ha analizzato le persone ricoverate da più di un' anno nei 58 ospedali psichiatrici (HP) dello stato di São Paulo, identificando le risorse, le possibilità e necessità per la loro deistituzionalizzazione; presentare le indicazioni della legislazione brasiliana per la deistituzionalizzazione e riabilitazione psicosociale e discutere la sfida del superamento dell'istituzionalizzazione psichiatrica. **Metodi:** studio trasversale, censimento che ha come obiettivo descrivere le caratteristiche di una determinata popolazione o stabilire relazioni tra le variabili. **Risultati e discussione:** nel 2008, 6.349 persone istituzionalizzate da più di un' anno in 56 HP: 3930 uomini, 2419 donne, 82,49% singole, 61,3% bianchi, 64,24%, sotto 60 anni; 65% ricoverate da più di dieci anni; 77,21% ricoveri involontari. Per 65,27%, la ragione del ricovero era precarietà sociale e disturbi mentali; presenza di diverse risorse delle persone e dei contesti per la deistituzionalizzazione. Per quanto riguarda la questione dell'istituzionalizzazione psichiatrica, sono stati creati, a partire dagli anni 2000, normative e legislazione per la deistituzionalizzazione, creazione di residenze assistite e sostenibilità di progetti di riabilitazione psicosociale nel territorio. **Conclusioni:** Nonostante i progressi significativi compiuti negli ultimi anni nel processo di riforma psichiatrica brasiliana, dai punti di vista etico, assistenziale, giuridico e istituzionale, il superamento dell'istituzionalizzazione è ancora una sfida. L'analisi della situazione delle persone istituzionalizzate nel marzo di 2012, e della proposta della attuale politica nazionale di salute mentale di creazione di reti comunitaria/territoriali di attenzione psicosociale, consente sottolineare la necessità e la complessità della costruzione di strategie che promuovono la visibilità sociale della condizione delle persone istituzionalizzate e il rafforzamento della cultura dei diritti umani.

43134

UN PROGETTO DI VISITING PER L'ACCREDITAMENTO TRA PARI DELLE COMUNITA' TERAPEUTICHE E RESIDENZIALI

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Considerata la complessità e pluralità dei fattori terapeutici delle comunità residenziali è emersa, negli ultimi anni, la necessità di una valutazione che prendesse la forma della "ricerca-azione". In contatto con la proficua esperienza inglese "Community of Communities" un gruppo di studio dell'associazione Mito e Realtà ha proposto il "Progetto Visiting" a cui hanno partecipato in fase pilota tre gruppi, ciascuno di tre CT del Nord, Centro e Sud Italia. **Metodi:** è stato costruito un nuovo strumento di autovalutazione VIVACOM che considera: organizzazione generale, clima terapeutico e confort ambientale, caratteristiche generali della cura, attività rivolta alle famiglie, sicurezza dei pazienti e degli operatori, gestione del personale e formazione, documentazione clinica, Sistema Informativo, valutazione della qualità e ricerca. Ogni CT ha confrontato con le altre due i risultati del questionario organizzando visite incrociate nelle strutture. **Risultati:** dal confronto fra le comunità è nato un documento che riassume standard, obiettivi e criticità che, secondo un processo bottom-up, rappresenta il risultato preliminare del presente studio. **Conclusioni:** nell'ottica ricorsiva dell'action research questi risultati, discussi con tutte le CT partecipanti, fungeranno da spunto per nuovi progetti di visiting finalizzati a coinvolgere altri nodi da aggiungere alla rete di comunità che condividono "buone pratiche".

Buone pratiche: suggerimenti per i servizi

41843

LA VALUTAZIONE DEGLI ESITI NELLA RIABILITAZIONE PSICOSOCIALE DEL DSM ASL LECCE

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Introduzione: Il DSM Lecce, negli ultimi dieci anni, ha "ripensato" i percorsi riabilitativi territoriali, residenziali e semiresidenziali elaborando protocolli operativi che permettessero l'omogenizzazione degli interventi, la riproducibilità degli stessi e la verifica degli outcome. **Disegno e Metodo:** Alla luce della complessità progressivamente assunta dagli interventi riabilitativi attuati nel DSM, è emersa la necessità di monitorare i progetti elaborati per i pazienti, avviati in tirocini di riabilitazione al lavoro ovvero inseriti in strutture residenziali e semiresidenziali, fin dalla definizione del progetto stesso. Pertanto sono stati predisposti percorsi standardizzati per ogni settore d'intervento, avvalendosi di strumenti di valutazione elaborati e condivisi dalle UU.OO. del DSM. **Conclusioni:** I dati relativi agli esiti degli interventi di riabilitazione psicosociale forniscono spunti di riflessione sulla operatività del nostro DSM. Il progetto riabilitativo individualizzato rappresenta il punto d'incontro tra il C.S.M. e le agenzie del territorio coinvolte nella sua realizzazione. Particolare attenzione viene posta alla valutazione degli esiti, sia a medio che a lungo termine, al fine di ricalibrare in itinere i percorsi riabilitativi, di evidenziare i punti di forza e correggere le criticità con l'obiettivo di favorire una reale re-inclusione sociale dei pazienti.

42499

RIFLESSIONI SUI FATTORI FACILITANTI L'INCLUSIONE SOCIALE: UTILITÀ DELL'ICF

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Il nostro servizio si costituisce come un centro di salute mentale aperto 12 ore al giorno. Nell'ambito delle attività riabilitative abbiamo promosso la nascita di un'associazione, "Jenny è tornata", formata da pazienti e operatori (psichiatri, psicologi e infermieri), che si occupa di favorire il reinserimento sociale e della riacquisizione delle abilità e della dignità personale. Abbiamo appurato che le aspettative rispetto gli scopi e gli obiettivi pensati sono stati di gran lunga ottenuti. Le attività proposte sono state accolte di buon grado dai membri ed hanno creato momenti di aggregazione e socializzazione, altrimenti delusi.



L'utilizzo di strumenti psicodiagnostici ci è servito ad avvalorare ciò che era già evidente da un punto di vista prettamente clinico: la maggiore predisposizione relazionale accompagnata da un miglioramento finanche cognitivo. Ci siamo chiesti provocatoriamente se è possibile utilizzare il modello concettuale di ICF per progettare l'Inclusione. O ancora se è possibile operazionalizzare e misurare i livelli di Inclusione delle Persone con disturbi della salute mentale.

42533

LA PROSPETTIVA TRANSCULTURALE NELLA RIABILITAZIONE PSICO-SOCIALE E IN PSICOTERAPIA

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Le funzioni cognitive, emotive ed affettive dei pazienti sono costruite e modulate dai modelli culturali ai quali i soggetti sono esposti nelle fasi dello sviluppo: tradizioni di famiglia, cultura del territorio, artefatti, valori, rappresentazioni e narrazioni dell'Italia o delle altre Nazioni di appartenenza. Scopo di questo lavoro è innanzitutto definire i parametri teorici e tecnici delle attività riabilitative e psicoterapeutiche "secondo cultura". Partendo dai più recenti avanzamenti in psicologia, psichiatria e psicoterapia transculturali, descriveremo le basi di nostre attività cliniche in diverse aree del mondo. Un secondo obiettivo è la trasposizione di modelli consolidati delle attività riabilitative psicosociali in specifici elementi della tecnica psicoterapeutica, anche individuale, così come utilizzati nella scuola di psicoterapia transculturale attiva nella città di Milano Particolare attenzione verrà data ai concetti di esperienza soggettiva nella cultura, di utilizzo di capacità residue, di transfert culturale, di uso simbolico e terapeutico degli artefatti culturali.

42600

I CENTRI DIURNI NEGLI ASSETTI DELLA PSICHIATRIA DI COMUNITA'

CAFISO E.¹, GIUBILINI F.²

¹ Coordinamento Nazionale Centri Diurni in Psichiatria- Ref. Lombardia, Cesano Boscone, ITALY, ² Coordinamento Nazionale Centri Diurni in Psichiatria - Presidente, Parma, ITALY

Operare in servizi orientati alla inclusione sociale ed alla riabilitazione di persone con disturbi psichici gravi, non può prescindere da alcuni aspetti che caratterizzano il periodo ed il contesto generale, del sistema socio - sanitario. **Obiettivi:** I relatori, muovendo dalle esperienze nazionali condotte nei Centri Diurni (CD) e nei luoghi di semi - residenzialità, intendono approfondire alcuni aspetti che appaiono determinanti per la qualità dei risultati raggiunti o, viceversa, rappresentare fattori di rischio rispetto a derive di cronicizzazione e staticità. **Metodo:** nella relazione, che esamina il significato della evoluzione dei Centri Diurni e delle loro differenti tipologie (peraltro non sempre ben definite), gli autori discutono le prospettive che si aprono alla luce delle necessità attuali e delle caratteristiche del ciclo storico che stiamo attraversando. Si parte dall'assunto che la chiarezza del mandato, la vision e le impostazioni tecniche di un servizio rappresentano requisiti imprescindibili. **Conclusioni:** vengono individuati alcuni elementi tecnici, organizzativi e di politica sanitaria che sembrano influenzare direttamente qualità ed efficacia dei servizi. In particolare si approfondiscono aspetti collegati a: Gli effetti della crisi socio - economica attuale ed i problemi che ne derivano per l'utenza dei Centri Diurni. I problemi causati da una "domanda" di accoglimento generica rispetto a differenti tipologie di bisogni assistenziali, con conseguenti rischi di confusione per la dimensione clinica. I cambiamenti indotti dal processo di empowerment degli utenti e delle loro rappresentanze. Il ruolo che i luoghi semi residenziali hanno nella cornice organizzativa dei Dipartimenti di Salute Mentale, sempre più caratterizzati da un grado elevato di interdisciplinarietà e di integrazione interistituzionale. L'aggiornamento delle funzioni che i Centri Diurni possono svolgere a fronte di variazioni significative dei bisogni di salute e delle priorità epidemiologicamente individuate. Il livello di utilizzazione, nelle prassi dei Centri Diurni, delle conoscenze basate sull'evidenza.

Service models 2

38121

RISK ASSESSMENT FOR MANAGEMENT OF SUICIDE BEHAVIOR IN CLINICAL PRACTICE

SHRIVASTAVA A.

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On average a psychiatrist is expected to lose at least one patient due to suicide over 20 years of practice. Suicidal behaviour is a reason for hospitalization in acute settings in about 70% cases. Continuous training and skill development is one of most important measure for dealing with suicidal behaviour in clinical practice. A high suicide rate is reported in the prodromal stage, in acute illness, and soon after the hospital discharge and the return to the community. Clinicians face challenging situations when deciding the level of care and the type of referral for a patient with a high suicide risk. Clinicians find struggling to deal with decision making on the need for hospitalization, level of monitoring, voluntary status, and time to discharge. Suicide is difficult to predict and prevent and continuous education on this topic for mental health professionals remains limited. The present communication will describe a training course addressing a common clinical problem (i.e. suicidality) and offering s a core curriculum to increase clinicians' competency. It will give information on qualitative risk assessment, on building skills for the identification of suicidality, on the implementation of preventive strategies within an inpatient, ambulatory, and community setting. The presented course will be conducted using didactic short lectures, case discussion, hands-on training, audio-visual learning, group discussion, and self-assessment.

41737

CASE STUDY WITHIN THE SOCIAL REHABILITATION CENTRE IN QATAR

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Due to the rapid social and economic changes that have occurred in Qatar over the past few decades, rehabilitation centers for drug addiction have increased in importance. The Social Rehabilitation Centre (SRC) is the first facility in Qatar working with drug addicts. The SRC's aims are to preserve the healthy personality and to protect it from all forms of deviance. The SRC provides services for anyone seeking help with addictions such as alcohol, drugs and internet use, within an environment of privacy and confidentiality. Services offered include medication, counseling, psychotherapy, group therapies, 12 step programs, rehabilitation, relapse prevention, occupational therapies and social interventions. The rehabilitation program allows patients to positively change their life direction, to learn social skills, to get on the road to recovery and to avoid relapse. In 2011, 95 drug addicts benefited from the services offered. Presented within this paper is a case study of an individual who was successfully treated for substance abuse at the SRC. The paper will present the personal information of the case, his medical, psychological and social profiles, with the psychological intervention utilized to treat him as well as the aftercare.

42509

MENTAL HEALTH OUTPATIENT SERVICES FOR OFFENDERS WITH MENTAL DISORDERS IN ITALY: A PREVALENCE STUDY CONDUCTED IN THE LIGURIA REGION TO ESTIMATE THE SERVICES' WORKLOAD

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Objective. Italian Psychiatric Prisons are planned to be dismissed in the next few years and offenders should be transferred to other structures and cared by Mental Health Services (MHS). Our objective is



to present clinical, legal and social characteristics of offenders with mental health disorders, trying to estimate the additional workload for MHSs derived from dismissal of Psychiatric Prisons. **Methods.** All MHSs of the Liguria region took part in a prevalence study on the population of offenders with mental disorders, collecting data on offence, sentence, diagnosis, treatment and workload. **Results.** Offenders with mental disorders in charge of MHSs are about 1-2% of the total number of patients cared. Among them, more than 70% live at home or in long term facilities. Services workload is usually high (about 32 contacts/patient/year) and is higher for patients living at home or in long term facilities and for patients with substance related disorders. **Conclusion.** MHSs are already in charge of a large number of offenders. Although some differences related to diagnosis and level of disability, these patients constitute a significant workload. Dismissal of Psychiatric Prisons will probably increase this workload and MHSs will have to use more resources to take care of patients dismissed.

42850

AN ECOLOGICAL APPROACH TO AUTISM: THE EXPERIENCE OF CASCINA ROSSAGO.

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University of Pavia, ITALY

Objectives: Autism isn't a purely childish disorder, but it needs to be addressed in a life cycle perspective. Among the various options proposed for the treatment of autistic adults, the model of the Community Farm is one of the most important. The agricultural context is inherently more stable, simple, predictable but however full of situations and significant stimuli. The liability of a daily task - even if simple - allows to improve social relations, which are characteristically altered in autism. In Italy, the first center for autistic adults, based on the 'Farm Community' type, has been activated since 2002 in Cascina Rossago (Pavia). It was born from the commitment of some autistic children's families with the main goal to promote initiatives aimed at improving the quality of autistic people life. The purpose of this study is to evaluate the clinical course of the hosts in Cascina Rossago. **Methods:** Cascina Rossago currently houses 24 residents in three separate buildings. All guests take part in various activities, including not only social agriculture-related activities (farming, handling of animals), but also sports (trekking, swimming, basketball) or arts (music, textiles and ceramics lab). The diagnosis of autism was made according to DSM-IV by an expert psychiatrist. All the hosts were assessed in two occasions (early 2006 and early 2008) by the Vineland Adaptive Behavior Scale administered by a psychiatrist. The Vineland Adaptive Behavior Scale, which is a semi-structured interview administered to caregivers, consists of four domains: Communication, Daily Skills, Socialization, and Motor Skills. **Results:** there was an improvement in the overall score at the Vineland Adaptive Behavior Scale ($p < 0.001$). In particular, the hosts showed an improvement with respect to the Daily Skills and Socialization subscales (both, $p < 0.001$). **Conclusions:** The model of the Community Farm seems to be effective in promoting the consolidation and the improvement of autistic adult's skills. In particular the so-called 'hard core' aspects of the autism evolution adulthood, such as social skills, seem to take benefits from the Cascina Rossago's integrated treatment.

42934

PATIENT MANAGEMENT IN AN ITALIAN CENTRE FOR THE ASSESSMENT AND TREATMENT OF PERSONALITY DISORDERS

CAVERZASI E., DE VIDOVICH G., BROGLIA D., RAMATI A., MORANDOTTI N., PODAVINI F., COLOMBO R., CIAPPOLINO V., GAMBIN F., PINTO M., REFFOLI L., GRAFFEO L., CAPPUCCIATI M., DE MICHELI A., ABBIATI V., ROCCHETTI M., TINELLI S., BRONDINO N., AMBROSI P.

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Objective: the Centre for the Assessment and Treatment of Personality Disorders (CIRDIP) of the University of Pavia seeks to be a centre of excellence devoted to the research and treatment of personality disorder. Additionally it aims to train staff involved in the treatment of severe personality disorder. The CIRDIP is hosted within the National Health System. The centre promotes research culture and evidence-based practice. Patients were referred to our centre from general practitioners and NHS psychiatrists. **Methods:** Patients were assessed for personality disorder using both SCID II and the Shedler-Westen Assessment Procedure-200 (SWAP-200). Axis I diagnosis was done using the SCID I interview. All patients filled the following questionnaires: Global Assessment of Functioning (GAF), the



Social Adaptation Self-evaluation Scale (SASS), and the Dissociative Experiences Scale (DES). Depression and anxiety were evaluated by means of the Hamilton Depression Scale (HAM-D) and the Hamilton Anxiety Scale (HAM-A). Borderline personality disorder symptoms were measured with the Zanarini Rating Scale (ZN). Reflective function was measured according to Fonagy's Reflective Function Manual (version 5.0) for the Adult Attachment Interview. The assessment lasts one month (five sessions). At the end of the evaluation, a senior psychiatrist communicates the diagnosis to patients. Communicating the results is focused on our understanding of patient life history, her difficulties with affect, impulse regulation, and interpersonal functioning, and mentalizing styles. This narrative highlights the mentalization based-treatment (MTB) concept of mental opacity: it is an opened version, actively discussed with the patients before writing the final, possibly shared, report. Then treatment options are proposed. Patients with Borderline personality disorder were offered 18 months of weekly combined individual and group psychotherapy provided by two different therapists. MBT is the psychodynamic treatment offered. Patients with other personality disorders were offered supportive psychotherapy and psychopharmacological monitoring. All individual and group therapists were supervised by senior psychiatrists and psychotherapists. **Results:** 132 patients were evaluated from March 2010 to October 2011. 450 individual and 87 group sessions were performed. **Conclusion:** patients were evaluated for both clinical and social functioning aspects. The centre could represent a interdepartmental coordination and liaison unit between different psychiatric and foreign MBT services.

TUESDAY, 13 NOVEMBER

Meet-the-Expert

39435

STAGES OF SCHIZOPHRENIA, LEVELS OF DISABILITY AND EXPECTED OUTCOMES

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The dynamic nature of schizophrenia and the dynamism of the individual processes of adaptation over time requires a periodic reevaluation of prognosis, of the stage of the disease and of the problems to be addressed. As these parameters change, so the objectives of treatment have to change and the services delivered have to be revalued. The literature indicates that it's possible to characterize the levels of disability in relation to stages of illness and to specific parameters: social functioning, capacity to manage emotions, cognitive functioning, influence of internalized stigma, dependence both on institutions and on family, DUP, self-esteem, self-efficacy, self-determination, hopelessness, helplessness, length of institutionalization/hospitalizations, number and quality of relationships, level and quality of family and social support, motivation to change, quality of daily life, etc. The question arises whether different stages of the schizophrenic psychosis and different levels of disability are associated to different expected by psychosocial outcomes. The theme is little explored and it is proposed because it should be taken in account in daily practices. In fact, many practitioners are often bewildered when must identify both the recovery goals and the appropriate treatments for people at onset as well as for people with a long course of illness.

40769

INFLUENCING POLICY FOR REHABILITATION AND RECOVERY SERVICESHOLLOWAY F.¹, KILLASPY H.², LAVELLE E.³, CALDAS DE ALMEIDA J.M.⁴¹ South London and Maudsley NHSFT, London, UNITED KINGDOM, ² University College London, UNITED KINGDOM, ³ Tallaght Hospital, Dublin, IRELAND, ⁴ University of Lisbon, PORTUGAL

Rehabilitation has been an unfashionable concept in the post deinstitutionalization era despite the high proportion of mental health care spending that is devoted to people with severe and enduring mental illness. In this session we will present case-studies on the ways in which Rehabilitation practitioners have sought to influence mental health policy in Ireland and England to promote the development of effective and efficient services to support people living with enduring mental illness. We will also present a perspective on long term mental health care for people with severe mental illness that draws on the very varied experience of European Union member states.

41852

MULTIFAMILIAR PSYCHOANALYSIS, ASSEMBLY AND REHABILITATION

PALLEIRO MIGUES E.

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This presentation, thanks to the contribution of the Centro de Investigación en Psicoterapias y Rehabilitación Social (C.I.P.Re.S.), focuses on to the concept of Rehabilitation and it illustrates the C.I.P.Re.S. activities with regard to the multifamiliar psychoanalysis approach. The work of Prof. J. García Badaraccos in Uruguay, the characteristics of his model and the concept of assembly are presented. The Centre's standpoint in relation to polemic issues and following relevant themes are discussed: the cure of patients with severe mental sufferings, the methodological differences between Multifamiliar Psychoanalysis and traditional Psychoanalysis and Psychiatry, the integration of the University and the national health policies. Concerning these aspects, different paradigms that sustain the concepts of Rehabilitation, Mental Health and Human Rights will be proposed through a promotion of concrete actions carried out by C.I.P.Re.S.



42543

HOW TO TRANSFORM RESEARCH TO A RECOVERY ORIENTED ACTIVITY: PRACTICAL ISSUES AND SOLUTIONS

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Mental Health research is changing as much as is the face of services themselves, to incorporate a recovery orientation. Conducting research from a recovery perspective is more than simply studying the phenomenon of recovery. The kinds of outcomes being studied and the value based decisions made in creating the research design as well as the services being studied, are all affected by a recovery orientation. The role of users, in recovery oriented research has become more and more prominent over the past 15 years. This discussion will deepen participant understanding about both issues and practical strategies for conducting recovery oriented research, with a major emphasis on issues and strategies for involving users in the design, delivery, interpretation and dissemination of research. The session will be helpful for both researchers and advocates wishing to become more involved in research. The experts involved, Dr Marit Borg and Dr. Marianne Farkas are not only well known in the field of Recovery and have personally conducted research in recovery but also have been working to help the field of research itself to implement a recovery orientation.

42798

CHALLENGES & PROSPECTS OF AN INDIAN MODEL OF CARE FOR THE HOMELESS MENTALLY ILL: ARE THE POLICIES RESTRICTIVE OR INCLUSIVE?

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¹ Mariasadnam Charitable Trust, Palai, INDIA, ² Rajagiri College of Social Sciences & Mariasadanam, Kochi, INDIA

Introduction: There is growing recognition of the mental health needs of the population. World Mental Health surveys in over two dozen countries, have reported that anywhere between one in four to one in six individuals will experience a mental disorder in their life time (WHO, 2004, Kessler et al, 2007, Bademath et al, 2007). The resource scarcity in developing countries results into improper and inadequate care of persons with severe mental disorders leads to homelessness (Jacob, K. S., 2007). Homeless mentally ill individuals reflect the current situation in the society of the limited mental health care available in the public sector, lack of coordination of different caring groups, absence of welfare system to meet the needs of mentally ill individuals and their families. (Sheth, H.C., 2005). In order to address the growing needs for mental health care as well as the limited professionals available in all countries, there is a need to include alternative and innovative ways of sharing the caring responsibilities (Murthy, 2008) with greater utilization of community resources (WHO, 2006). An innovative low cost community based rehabilitation model for homeless mentally ill in Kerala, India is discussed in this context of the service scarcity in low-income and middle-income countries. A critical reflection of the inclusiveness of the existing policies is discussed. **Programme Summary:** The rehabilitation programmes were initiated as efforts of faith based individuals by taking up care of homeless mentally ill as part of their extended families. The increasing demands for caring the homeless mentally ill paved way for establishment of institutions for homeless. This has grown as a movement named Kerala Federation of Care of the Mentally Disabled with 45 member institutions. The rehabilitation programme is manned by the family members of the chief functionaries and volunteers. The volunteers included recovered patients from the program itself along with the voluntary consultancy from eminent psychiatrists, psychiatric social workers and psychologists all motivated by the faith based movement. The rehabilitation programs are run by contribution of well wishers and not from any funding sources. The mainstay of the rehabilitation programmes are the involvement of the residents in cultural, spiritual and agricultural activities. This presentation delineates a detailed profile of the rehabilitation process, challenges and prospects of rehabilitation facilities managed by non-professional volunteers in the context of the existing policies for mental health care in India in the framework of Mental Health Act, 1987 and the Mental Health Care Bill (draft), 2011. The limitations of the existing policies and a more inclusive alternative situation of a specific policy are discussed. **Conclusions:** These organizations are examples of scientific, outcome based, low cost community based rehabilitation program for homeless mentally ill in the context of inadequate care facilities in low-income countries. These organizations supplements to the effort of government to deal with the issue of homeless mentally ill and act as a model of voluntarism promoted by faith. A more inclusive rather than restrictive policies are essential to promote such community based rehabilitation models.

Symposia

41204

RÉINTÉGRATION COMMUNAUTAIRE ET RÉADAPTATION DES CONTREVENANTS AVEC DES TROUBLES MENTAUX OU DÉVELOPPEMENTAUX*MERCIER C. ¹, CROCKER A. ², PROULX R. ³, PERREAULT M. ²*

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Objectifs: Discuter des enjeux de la réadaptation psychosociale pour les personnes contrevenantes ayant un trouble mental (TM) ou du développement (TD); proposer des stratégies d'intervention de transfert des connaissances. **Méthodes:** Les présentations sont issues de données de cinq recherches épidémiologiques, qualitatives et appliquées. **Résultats:** Ils sont structurés autour de quatre présentations: 1. Les tendances dans la demande de services psycho-légaux et leur portée pour la réintégration dans la communauté; 2. Les enjeux reliés aux modalités de la réadaptation, suivant que celle-ci soit prise en charge par des dispositifs de réadaptation, psycholégaux (forensic) ou judiciaires; 3. Les stratégies intersectorielles et les programmes qui peuvent être mis en place, tels que présentés dans un Répertoire disponible sur Internet; 4. La formation croisée en tant que stratégie pour améliorer l'interface entre les différents réseaux impliqués dans les services auprès des personnes avec des troubles mentaux et du développement. **Conclusions:** Les logiques d'action quant à la «réadaptation», en vue de la réintégration sociale, divergent souvent entre les systèmes de santé et de justice. Ce symposium a comme toile de fond les contradictions observées entre les approches de réadaptation psychosociale et les processus de régulation sociale.

41401

SUPPORTED EDUCATION*KOREVAAR L. ¹, MULLEN-GONZALEZ M. ², DE HEER-WUNDERINK C. ¹*

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The onset of mental illness generally occurs between the ages of 17 and 25 –the same years in which many young adults leave home to explore careers through educational opportunities. Although people with psychiatric disabilities often attempt college, they often meet with overwhelming obstacles, including stigmatization, social exclusion and discrimination. People with psychiatric disabilities are in a need for extra support to get access to college and/or to remain at college. Supported Education (SEd) is best known as a psychosocial rehabilitation intervention to help people with psychiatric disabilities to pursue and achieve their educational goals. In the symposium a brief introduction of Supported Education will be presented. 1. Introduction of Supported Education. Three research projects will be presented in more detail: 2. Thresholds for Education for Young People coping with Severe Mental Illness. A qualitative research of the causes for 'educational drop-out' of young people coping with severe mental illness. 3. Evaluation of a Supported Education preparation course for (young) adults with psychiatric disabilities. The aim of this class is to help (young) adults with psychiatric disabilities to choose and get regular education of their own choice. 4. Effectiveness of Educational Supports on Retention of Postsecondary Students with Psychiatric Disabilities (SEd RCT). The purpose of this study is to evaluate if participants assigned to SEd services have greater success in college than those who are assigned to the control condition.

41866

MICROCREDIT AND SUPPORTED EMPLOYMENT FOR PEOPLE WITH SERIOUS MENTAL ILLNESS*BRUSCHETTA S. ¹, BARONE R. ², D'ALEMA M. ³, SCELBA S. ⁴*

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A Job inclusion is one of the four core social instances/rights of the AIRSaM (Italian Association of Residence/Resources for Mental Health) which are meant as the main methodologies of for the support

to the processes of recovery from serious mental illness. The other three are right to care, to housing and to an emotional life (Declaration of Pratorotondo, 1995; Chart of Matera, 2008). The approach to working inclusion is recovery oriented and consists of support to job placement. In this case, the main variability is related to the objective of the placement in a less protected and more competitive situation. The interventions are oriented to the support of individual job searching on the labor market (Supported Employment programs) or to social self-promoting through activities of supported micro-enterprise (Microcredit programs).

42115

THE RIGHT TO INCLUSION: INTEGRATION AND ACCEPTANCE OF PEOPLE WITH MENTAL DISABILITIES

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Social inclusion has direct health benefits for people of all walks of life, including people with mental disabilities. It also constitutes a fundamental right expressed in the U.N. Convention on the Rights of Persons with Disabilities (CRPD), where it is highlighted both as an underlying general principle and in regard to different areas of life. The convention prohibits discrimination on the basis of disability and obliges state parties to take active measures to ensure that people with disabilities are given the same opportunities and respect as other members of society. Persons with mental disabilities have the right to make autonomous decisions, to work and gain a living, and to have a family life, with accommodation as necessary. The International Diploma Course in Mental Health Law and Human Rights, offered in collaboration between the World Health Organisation and the Indian Law Society, provides students with a broad knowledge on human rights issues in the context of mental health. It introduces students to the CRPD and other relevant international standards as well as on strategies and tools to actively improve the human rights situation of persons with mental disabilities. The symposium will include presentations of faculty members and alumni of the course focussing on issues crucial for the realization of the right to social inclusion, such as deinstitutionalization and the establishment of community-based care, the regular monitoring of mental health care institutions, the introduction of supported decision-making in legal capacity legislation, and inclusion into labour market.

42650

IL BUDGET DI SALUTE COME STRUMENTO DI DEISTITUZIONALIZZAZIONE: DALLA STRUTTURA RESIDENZIALE ALL'ABITARE SUPPORTATO

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Il budget individuale di salute (BIS) si configura come metodologia capace di ricomporre le risorse intorno alla persona, nel suo contesto di vita, in stretta integrazione con le altre agenzie del territorio, per garantire il supporto necessario alla costruzione di una dimensione abitativa propria. In tal senso le diverse strategie di investimento delle risorse economiche a disposizione dei DSM possono essere considerate elementi di valutazione dell'agire riabilitativo nell'ambito di processi di riconversione delle risorse indirizzate a strutture. **Obiettivi.** Individuazione di forme diversificate di abitare supportato alternative all'accoglienza in struttura residenziale attraverso l'utilizzo del BIS. Valutazione dell'efficacia dello strumento del BIS rispetto agli esiti riabilitativi. **Disegno e metodi.** Analisi quantitativa del processo di trasformazione delle strutture residenziali ad alta intensità del DSM di Trieste verso forme diversificate di abitare supportato e delle modalità di investimento delle risorse economiche inclusa dei dati relativi al Fondo per l'Autonomia Possibile della Regione Friuli Venezia Giulia. Utilizzo di strumenti finalizzati alla valutazione quali-quantitativa del processo. **Risultati.** Delle 12 strutture ad alta intensità presenti nel 1994 nel parco ex OP che ospitavano 113 persone, attualmente ne rimangono attive 3 che accolgono complessivamente 19 persone. Dall'utilizzo di scale valutative, e di interviste semistrutturate, emerge



che il BIS è fortemente incisivo nella produzione di benessere e inclusione sociale. **Conclusioni.** L'appropriazione di una dimensione abitativa produce un miglioramento delle autonomie personali e incide sulla trasformazione del bisogno. L'affido di budget di salute, ha permesso di rispondere in maniera diversificata al bisogno privilegiando un'ottica di carattere riabilitativo tesa al cambiamento.

42655

IL PROGETTO DI INTERVENTO PRECOCE TRA ESPERIENZE CONSOLIDATE E NUOVE OPPORTUNITA DI INTERVENTO

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Il simposio presenterà l'esperienza triennale del progetto innovativo dal titolo La prevenzione, individuazione e trattamento precoce dei disturbi psichici gravi nei giovani, attivi nei nostri Dipartimenti di Salute Mentale. Si proporrà il nostro modello operativo che viene costantemente rinnovato in funzione dei bisogni emergenti dell'adolescenza e della giovane età, anche in relazione ai profondi cambiamenti socio-culturali di cui siamo protagonisti. Si illustrerà un possibile scenario di lavoro che prevede l'articolazione tra attività consolidate e i nuovi sviluppi. Verrà dato rilievo alle nuove sfide in atto come l'avvio di un servizio di mediazione culturale rivolto ai ragazzi di etnie diverse, la collaborazione con le associazioni multietniche del territorio in un'ottica di supporto e scambio, l'apertura di una pagina facebook per favorire un'interazione con l'utenza che non trascuri le nuove forme di comunicazione mediatica, e il nuovo progetto per gli inserimenti lavorativi. Saranno illustrate le modalità di apertura di un servizio specificamente dedicato alla fascia d'età 14-24 anni, con scopo l'effettuazione di una valutazione obiettiva dei nuovi bisogni degli adolescenti e delle loro famiglie e determinarne gli interventi conseguenti. Obiettivi perseguibili con la creazione di un'équipe formata da operatori dei diversi servizi.

42795

PSYCHIATRIC REFORM: CHALLENGES IN BRAZIL AND ITALY - PARADIGMS, ASSISTANCE SERVICES AND PROFESSIONAL PRACTICES

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The current models of mental health care in Italy and Brazil are based on the ideas of the Italian psychiatrist Franco Basaglia. In Brazil this model is called Psychosocial Attention and, as in Italy, assumes the construction and articulation of a network of mental health services that substitute psychiatric hospitals, aimed at the social reintegration and psychosocial rehabilitation of persons with mental disorders. The network of mental health services developed differently in these two countries, due to various reasons such as the time of deployment, health policies and forms of management. The psychosocial care model implies interdisciplinary team work, humanized service, citizenship and quality of life promotion, providing new concepts and practices in mental health. However, the psychiatric reform process still encounters challenges regarding many practices and levels of attention. The objective of this symposium is to discuss possibilities and challenges concerning service organization, professional education and care practices in the Brazilian and Italian context.

42922

TRANSFORMATIVE CHANGE IN COMMUNITY MENTAL HEALTH

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The symposium will focus the transformation of a mental health community-based organization towards recovery and community orientation. AEIPS - Associação para o Estudo e Integração Psicossocial, operating since 1987, is a private non-profit endeavor, created with users, professionals, and families to support and develop community-based supports to facilitate community integration. It will be presented the organizational model adopted and the conceptualizations on capability and community integration

and the practice outcomes related with the supported education and employment services and the housing first program as exemplars of interventions that best promote social inclusion. The mission of recovery has contributed to the transformation of the program into a resource center focused on the community, organized to provide social supports in terms of housing, education and employment, by enhancing the use of natural contexts, such as schools and business, and the diverse social resources available to the general population.

43124

PERSON-CENTRED APPROACHES IN PSYCHOSOCIAL REHABILITATION

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Person-centred treatment is a key strategy for change towards better outcomes and efficacy in achieving the personal goals of the mentally ill. The focus is on how to implement evidence-based practices in psychosocial rehabilitation where the patient becomes a major agent of change in various contexts and concerning different target groups. Patients close to psychosis are – after depressive patients - one of the main risk populations concerning suicidal behaviour and committed suicide. Consequently, specific holistic and integrative approaches must be used in an individually adapted way to de-dramatise upcoming suicidality. The physical health of patients with Serious Mental Illness (SMI) is poor, and mortality rates are very high. The IMPaCT study programme constitutes a comprehensive and personalized “tailor made” intervention. The therapy is provided by care coordinators (mental health practitioners) over a 6-9 month period, integrating aspects of motivational interviewing and CBT in a manualised modular approach. The Resource group ACT person-centred approach introduces a novelty for changing clinical practice comprising treatment and illness management, as well as promoting personal recovery, through a particular resource group for each client.

43127

EVALUATE TO IMPROVE: THE CONTRIBUTION OF THE ITALIAN SOCIETY OF PSYCHIATRIC EPIDEMIOLOGY (SIEP) TO THE EVALUATION OF MENTAL HEALTH AND SOCIAL SERVICES

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The aim of this Symposium is to present the contribution that the Italian Society of Psychiatric Epidemiology has given to the evaluation of mental health and social services. The quality of mental health care can be measured by different performance indicators: some focus on planning and resources allocation, including accessibility, strategies to facilitate access for disadvantaged groups, and assessment of met and unmet needs for care in an area. Indicators of service outcome can be identified, like user, family carer and general population satisfaction with mental health services, quality of life measures, working ability, and mortality (including avoidable mortality, and specifically analysing suicide mortality) among psychiatric patients. Also quantitative analyses of mental health policy and practice is aided by a good-quality common description of mental health service provision. This is important to ensure that researchers, service planners and policy makers in different regions, countries and international agencies, compare ‘like with like’ and to allow adequate use of the data from different service systems. Another relevant contribution of psychiatric epidemiology is on the study of social and economic determinants of mental health and on the consequences of natural events on services organisation. Results from studies conducted by SIEP members will be presented.

Thematic Sessions

Attitudes towards mental disorders

39250

METAPHORIC AND NON-METAPHORIC USAGE OF THE TERM SCHIZOPHRENIA IN ITALIAN NEWSPAPERSMAGLIANO L.¹, READ J.², MARASSI R.³¹ Department of Experimental Medicine, Second University of Naples, ITALY, ² Department of Psychology, University of Auckland, NEW ZEALAND, ³ Il Mattino - Newspaper, Naples, ITALY

Objective: To explore how the term schizophrenia is used in Italian newspapers. **Methods:** The terms schizophrenia and schizophrenic were scanned in all articles published in 22 Italian newspapers in 2008. Each article containing these terms was analyzed in relation to metaphorical usage to describe or denigrate people or groups not diagnosed schizophrenic and in relation to non-metaphoric, direct descriptions of people using mental health services, or the illness itself. **Results:** Schizophrenia/schizophrenic was reported in 1,087 articles. It was used as a metaphor in 73.7% of cases, in reference to people actually given the diagnosis in 19.2%, and to the disorder itself in 7.1%. The 801 metaphoric uses referred to incoherence/contradiction/split in 85.1% of cases, dangerousness/aggressiveness in 34, 4.4%, and eccentricity/oddness in 10.5%. Of the 117 (55.9%) articles on people diagnosed with the disorder reported in news section, 48.7% referred to homicides, 14.5% to other assaults by the person, and 28.2% to assaults directed at the person. **Conclusions:** Media disproportionately report negative stories about people diagnosed with schizophrenia, and tend to equate the diagnosis with violence. The metaphorical use of the term may greatly contribute to the stigma experienced by people with this mental disorder.

39251

MEDICAL STUDENTS' VIEWS OF SCHIZOPHRENIA: THE INFLUENCE OF CAUSAL EXPLANATIONS AND DIAGNOSTIC LABELING.MAGLIANO L.¹, READ J.², REGA S.³, OLIVIERO N.³, SAGLIOCCHI A.³, PATALANO M.³, D'AMBROSIO A.³¹ Department of Experimental Medicine, Second University of Naples, ITALY, ² Department of Psychology, University of Auckland, NEW ZEALAND, ³ Faculty of Medicine, Second University of Naples, ITALY

Objective: To explore the impact of causal explanations and diagnostic labeling on medical students' views of schizophrenia. **Method:** 232 medical students in their fifth and sixth years at the Second University of Naples (Italy) were invited to read a vignette describing a case of schizophrenia according to ICD-10 criteria and to complete the Opinions on mental illness Questionnaire (OQ). **Results:** 194 (84%) students completed the questionnaire. Students most frequently cited heredity as the cause (81%), followed by stress (69%), psychological traumas (45%), and misuse of street drugs (44%). 26% of respondents firmly believed that persons with the disorders were unpredictable and 24% that they could be well again. Labeling the case as schizophrenia and naming heredity as the cause were associated with pessimism about recovery and greater perception of social distance. Heredity was more frequently cited by students who labeled the case as schizophrenia and was significantly associated with students' perception that "schizophrenics" are unpredictable. **Conclusions:** Biogenetic causal explanations and diagnostic labeling have negative effects on medical students' beliefs about schizophrenia. Education about recovery from and stigma related to schizophrenia should be provided to medical students as part of their academic training.



41689

THE DEVELOPMENT OF A NEW SELF-ADMINISTERED QUESTIONNAIRE TO ASSESS DYSFUNCTIONAL STAFF ATTITUDES AND REACTIONS TOWARD A SINGLE USER – A PRELIMINARY STUDY

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Objective. The quality of interpersonal relationships between staff members and user affected by mental illness or intellectual disability could play an important role in determining outcome of rehabilitation interventions. A number of relevant psychological and interpersonal models have been studied and empirically tested such as Working Alliance, Expressed Emotion and Attribution Theory. Nevertheless, several specific instruments were developed for each construct, but we lack of single instrument that could assess more than one relevant dimension at the same time and which can be used in a feasible way. The aim of the present work is to develop a single and feasible instrument to assess dysfunctional staff cognitive and emotional processes toward a single user. **Design and method.** Seventy-two binary items were generated and clustered into eight scales: Positive Bond, Clear Objectives, Attribution of Internal Control, Beliefs of Impossible Change, Control Attitude, Intolerance, Over-involvement, Self Efficacy. The questionnaire will be administered in a sample of staff members who work in day care centres and residential facilities for adult with intellectual disabilities or mental illness in Lombardy (Italy). Statistical analysis will be performed to eliminate items with lowest psychometric properties. **Results and conclusions.** Preliminary results will be available in November 2012.

Rehabilitation after severe traumas

42967

USING PEER PROBLEMS AS AN INDICATOR TO DETECT ADOLESCENTS SUFFER FROM TRAUMA

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The rapid changes during adolescence period are sometimes too difficult to handle by adolescents. These problems would be heightened if they were exposed to traumatic events. Therefore, it is very important to identify traumatized adolescents who need early intervention to prevent severe psychological problems. **Objective:** to identify observable signs/symptoms that could be used to differentiate adolescents suffered from trauma and those who did not. **Method** We collected data from two public high schools in Greater Jakarta. We randomly selected the participants, and 354 students were participated in the study. The age range of our participants was 14 to 18 (M=15.84, SD=1.091). They were given a set of questionnaire consisted of the Taumatic Event Checklist (13 items), the Children's Impact of Event Scales (CRIES-13) adapted to Bahasa Indonesia, and The Strength and Difficulties Questionnaire (SDQ)-Bahasa Indonesia version. **Result :** We found out that 266 (75%) of our participants had experienced traumatic events. However, we didn't find significant difference on their trauma across gender, age-group, and parental socioeconomic status. When we compared the SDQ scores of our respondents, we found out that the respondents who had experienced traumatic events scored significantly higher in peer problems dimension, compared to those who had not. **Conclusion:** Many adolescents in Greater Jakarta were at risk of experiencing traumatic events. Since adolescents were often reluctant to seek help or support, it is important to be able to identify those who were at higher risk. The ability to relate with peer would serve as a good indicator for early detection of adolescents who suffer from trauma and need special intervention. One of the reasons was adolescents experiencing traumatic events might withdraw from their peers. The other reason was the trauma might cause internalization and externalization problems in adolescents which then interferes their ability to relate well with their peers.



43009

REHABILITATING TERRORISTS AND THEIR VICTIMS

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Definitions of terrorism often err by considering and justifying motivations, political causes, and place amid other alternatives. Terrorism is best defined as actions that would be regarded as war crimes were a war occurring. Psychiatry is properly concerned with terrorists because they are trying to create psychiatric illnesses: anxiety, depression, posttraumatic stress disorder, etc. People disabled as a result of terrorism are in need of services in many countries. This presentation will explore opportunities for rehabilitation both of victims and perpetrators of terrorism. Primary prevention that involves political, moral, or religious issues and workings of a just civil society are key, but beyond our scope. However, opportunities emerge as we look at some determinants in becoming a terrorist. Some few psychological variables have emerged from studies across many cultures, mostly having to do with cognitive style, such as a drive for conceptual closure, intolerance of ambiguity, etc. There are common processes of entering, progressing within, and leaving a terrorist group. Groups differentiate to develop their own hierarchies, rules, and sanctions for those who disobey the rules. While the group may be completely committed to some cause, how to achieve its goals can be open to discussion and debate, especially as terrorist acts often produce unintended results. Part of any society's response to terrorism should be offering would-be terrorists a way out of the terrorist group. Often former group members can take a lead in helping others to either avoid entering the group or in getting out before they have committed terrorist acts. Many involved in terrorism have a history of trauma, both perpetrators and victims. Rehabilitation of victims of terrorism is assisted by new research findings on posttraumatic stress disorder incidence, treatment, and rehabilitation. Psychiatric rehabilitation's emphasis on recovery and resuming roles and functions has a place in treatment. Working with memories has been shown to have a critical period in which they either are influenced positively or become re-engraved and more difficult to dislodge. While many people exposed to terrorism suffer from no ongoing problems, about 15% of a general population will. About 15% of those who had initial symptoms will still have some after six months. Ways of finding and involving them in rehabilitation will be reviewed and discussed, contrasting natural disaster with terrorism. This presentation will be followed by an example from the Swat Valley in Pakistan.

Estrategia salud de la familia en la promoción de la salud mental

41853

LAS ACCIONES DE SALUD MENTAL DE LOS EQUIPOS DE LA ESTRATEGIA DE SALUD DE LA FAMILIA (ESF)

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En el proceso de la Reforma Psiquiátrica en Brasil, la inclusión de la salud mental en atención primaria es considerada fundamental: Ubicado en la comunidad, los equipos de la ESF son estratégicos para la atención integral. **Objetivos** - Identificar las acciones desarrolladas por el equipo de la ESF junto a las personas con trastornos mentales; analizar las representaciones sociales del equipo de la ESF sobre el proceso salud / enfermedad mental; **Método** - Estudio descriptivo / exploratorio, abordaje dialéctico y categoría analítica Política Nacional de Salud Mental. Sujetos del estudio: 32 trabajadores de una ESF en São Paulo; las entrevistas fueron sometidas al análisis temático. **Resultados** - temas presentes en los discursos de los trabajadores configuran las categorías empíricas que expresan la realidad social de los sujetos: Proceso de Trabajo, cuyo objeto es el sujeto con síntomas psiquiátricos: el propósito es promover la sociabilidad y la adhesión al tratamiento médico / psicológico; instrumentos: visitas domiciliarias, los grupos y la escucha; Proceso Salud Trastorno Mental, que expresa el concepto de enfermedad mental como manifestación de aislamiento, demencia, tristeza, consumo de drogas; intervenciones: encaminamientos para la asistencia médico / psicológica. **Conclusión** - análisis preliminar del los discursos indica que hay una movilización para promover el cuidado basada en los principios

de la reforma psiquiátrica, sin embargo, la prioridad sigue siendo el encaminamiento, la atención a través de consultas médicas y psicoterapéuticas, como medios para responder las necesidades de salud mental, guiado por los paradigmas del modelo biomédico que necesita ser reformulado.

42170

SALUD MENTAL EN EL TERRITORIO: LOS EQUIPOS DE LA ESTRATEGIA DE SALUD DE LA FAMILIA (ESF) Y LAS ACCIONES DE INCLUSIÓN SOCIAL.

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El movimiento de la reforma psiquiátrica ha dado prioridad a los proyectos para la atención y el tratamiento de los trastornos mentales en la comunidad y su inclusión en el territorio. Es necesario estudiar las prácticas territoriales del ESF de modo que se hagan las intervenciones necesarias para el establecimiento de nuevos perfiles profesionales en consonancia con las políticas de salud mental. **Objetivos** - Comprender las necesidades del equipo de la ESF para desarrollar acciones de salud mental en la comunidad; analizar las representaciones sociales de los profesionales acerca de las acciones de Salud Mental en el contexto de inclusión y exclusión social. **Método** - Estudio descriptivo / exploratorio, abordaje dialéctico y por la categoría analítica Política Nacional de Salud Mental. Los sujetos del estudio son treinta y dos empleados de una ESF articulada a la Unidad Básica de Salud (UBS Pera), al oeste de São Paulo, Brasil; las entrevistas fueron sometidas al análisis temático. **Resultados** - los temas encontrados en los discursos de los trabajadores configuran las siguientes categorías empíricas: Inclusión y Exclusión Social entendida como no estar aislado en su casa, como la sociabilidad y la necesidad de construir una red social, y la acción prioritaria para favorecer la inclusión es participar en las actividades de la UBS; Necesidad de conocimiento, sobre la salud mental, cuyos temas estaban presentes, sobre todo en los discursos de los Agentes Comunitarios de la Salud I. **Conclusión** - el análisis inicial indica que la ESF está atenta a la necesidad de enfrentar la discriminación, el papel de la red social para incluir las personas con enfermedad mental, pero culpa al tipo que sufre las iniciativas de inclusión. La falta de conocimiento sobre la enfermedad de salud mental, y la necesidad de formación específica y entrenamiento son factores que dificultan las prácticas territoriales.

42905

ACCIONES DE LA ESTRATEGIA SALUD DE LA FAMILIA EN LA PROMOCIÓN DE LA SALUD MENTAL

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La asistencia al enfermo mental viene modificando en las últimas décadas. Emergen nuevos paradigmas con desafíos a actores sociales involucrados en la construcción de la ciudadanía y en la busca de la rehabilitación psicosocial. Surgen nuevos conceptos determinando que acciones en la salud mental sean realizadas en la atención básica. En Brasil, la Estrategia Salud de la Familia (ESF) pasa a ser una importante herramienta en el proceso salud-enfermedad, en el cuidado integral al hombre pretendiendo la promoción, prevención, protección, recuperación tanto de las enfermedades físicas y sociales como mentales. Objetivo: comprender las necesidades de ESF para desarrollar las acciones de salud mental en la comunidad e identificar las acciones desarrolladas por sus equipos frente a los enfermos mentales y sus familiares. Método: Es una investigación cualitativa desarrollada con entrevistas a los equipos de ESF. Resultados: Los discursos revelaron que los profesionales mantienen la práctica de la psiquiatría tradicional centrada en consultas, exámenes y medicación. Estas prácticas se basan en el diagnóstico psiquiátrico. Conclusión: son incipiente el número de profesionales que se moviliza a desarrollar acciones dirigidas al acogimiento y a la escucha, relatando que existe la necesidad de ampliar sus conocimientos en el área de salud mental. Palabras clave: Salud mental. Promoción de la salud. Salud de la familia. Profesional de la salud.



Consumers perspectives

40667

WHAT DO CONSUMERS AND CARERS WANT FROM THEIR COMMUNITY PHARMACY?

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Objective: Community pharmacy has an important role in supporting recovery for mental health consumers, who have described pharmacies as a more relaxed place than the doctor's surgery to obtain treatment information and other services. To develop an education program for pharmacy staff we need to understand the needs, experiences, and expectations of consumers/carers. **Methods:** We investigated the perceptions and experiences of 70 Australian consumers/carers with respect to medication requirements and of community pharmacy. In-depth semi-structured qualitative interviews/focus groups were conducted and analysed using a thematic approach. **Results:** Six major themes were identified: needs, relationships, treatment outcomes, barriers, privacy and problems. Consumers wanted patient, friendly, kind, helpful staff that were knowledgeable and clear in providing information. Building good relationships in a non-judgemental and sensitive way was important. Pharmacists were seen as more elusive than assistants but consumers/carers wanted to be able to access pharmacists when needed. Stigmatising experiences and lack of patience (a sense of rush-rush) were examples of barriers and respecting privacy was important. Problems included the physical environment, payment issues, prescription waiting times, side effects, and communication such as inadequate time for providing information. **Conclusions:** These findings will help inform the development of an educational program for community pharmacy staff that builds skills and confidence, which can be incorporated into daily practice to support consumers and carers.

41672

OVERCOMING BARRIERS TO RECOVERY IN MENTALLY DISORDERED OFFENDERS

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Service users in forensic settings have complex presentations which include mental illness, personality problems, drug and alcohol misuse and criminality. Recovery provides many challenges for both service users and staff, not the least of which is maintaining safety while promoting the autonomy and freedom that authentic recovery requires. This presentation will explore some of these issues and present ways we have tried to work in a more recovery-oriented way. 1. Keeping Safe while Promoting Recovery. Mentally disordered offenders require treatment in secure settings and have rehabilitation needs broadly similar to other psychiatric populations. This paper explores the conflicts inherent in a secure psychiatric service adopting recovery principles. 2. Service Users Assessing their Own Risks. Traditional risk assessment can be disempowering and confusing to service users. The group described in this presentation aimed to promote recovery goals of responsibility and hope by developing meaningful and collaborative risk management plans for service users with a history of violence. 3. Building a Bridge between Hospital and Community. The recovery clubhouse is an initiative that supports forensic service users with the process of moving from a low secure inpatient setting. We discuss our experience as facilitators and reflect on the broader challenge of promoting recovery within forensic settings. 4. Challenging Pathological Self-Reliance. Co-morbid physical health problems are common in the mentally disordered offender population. Management is far from straightforward, as many patients resist and reject the efforts of staff which are often perceived as noxious intrusions.



42342

WHAT DO USERS WITH MAJOR MENTAL DISORDERS EXPERIENCE AND WHAT DO THEY WANT FROM THE MENTAL HEALTH SERVICE IN SITUATIONS OF MENTAL CRISIS?

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Objective: To investigate the experiences and preferences of helpful care in situations of mental health crisis from people with major mental disorders. **Design and method:** Qualitative interviews with 19 users with major mental disorder. Users were recruited from a larger RCT-study measuring the effect of the intervention self-referral to inpatient care at a community mental health centre in Norway. This intervention makes it possible for users who are in a treatment relationship with the ward to admit themselves to inpatient care 1-5 days when they are in mental health crisis, without prior contact with the emergency room or their doctor to explain the root cause for why they are in need for a short inpatient stay. The interviews were undertaken as baseline interviews ahead of the randomization process. Analysis was conducted with systematic text condensation. **Results:** The respondents expressed insight in own problems and problem-solving strategies, a wish for early help from well-known providers with an openness for dialogue and reflection, and involvement in treatment planning and implementation. They expressed insight and motivation for helping themselves, but they also acknowledged a need for help to get out of escalating mental crises. An interesting finding was that despite of the recognized need for help, only a few directly contacted the services. This might indicate that the treatment offered by the mental health services not always fits the users, neither in ways of organizing the services or in ways the users are met by the providers. Dialogue was found to be a central theme and participants placed high value on being able to participate in their own treatment planning and implementation, and highlighted helpful care as dialogical, collaborative and based on equality. **Conclusions:** The findings challenge traditionally views of professionalism and reveal important implications for the organization of mental health services.

Changement des services: expériences en Pays francophones

37622

LA RÉFORME DES SOINS EN SANTÉ MENTALE EN BELGIQUE

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Les évolutions des soins en santé mentale en Belgique ces dernières années montrent qu'un certain nombre de jalons importants sont d'ores et déjà posés vers la mise en place des soins orientés vers la communauté. Nous vivons, actuellement, en Belgique, un moment historique, tant la réforme proposée est ambitieuse mais aussi complexe. On parle d'une réforme globale des soins en santé mentale associant dans un même mouvement les compétences nationale et régionales. L'ensemble des ministres s'est engagé dans ce sens lors d'une conférence interministérielle. La réforme des soins en santé mentale a pour but de transformer une partie de l'offre hospitalière en une offre de soins orientée dans la communauté par la création d'équipes mobiles qui s'intégreront dans le dispositif communautaire déjà existant. La place de la réhabilitation psychosociale et de l'insertion socioprofessionnelle est mise en avant. L'approche opérationnelle du travail en réseau organisé autour des besoins des usagers et de leur entourage est développée. Nous proposons de décrire le contenu de cette réforme, ses mécanismes et ses acteurs. Nous proposerons l'état d'avancement de la phase exploratoire en insistant sur des aspects positifs mettant en avant le caractère évolutif de notre démarche mais aussi des difficultés rencontrées dans sa mise en place.



40880

LE "TINTAMARRE" DE LA SANTÉ MENTALE AU QUÉBEC

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Cette présentation va permettre aux participants de découvrir une réalité québécoise, d'explorer de nouvelles avenues et de définir les notions de réadaptation psychosociale et de rétablissement dans un contexte de crise globale. Le Québec vit présentement un changement social sans précédent où la réflexion suscite une confrontation entre individualité et collectivité. Le système de santé mentale n'est pas exclu de cette grande mouvance sociale. L'évolution des pratiques dans un contexte socio-politique québécois nous amène à porter un regard critique sur un système de santé en crise. Nous croyons que l'échec des pratiques et plus particulièrement celles reliées à l'itinérance est un effet direct d'un système incapable de s'adapter à de nouvelles réalités. En fait, les problèmes de santé mentale ne sont jamais ceux d'un seul individu mais ceux de tout un système. Pour bien saisir la crise, la sentir et l'apaiser, il faut la comprendre non seulement de l'intérieur de la personne mais également dans le contexte d'un système. De toute évidence, ce questionnement face au système de santé fera émerger des dilemmes éthiques.

42638

CONSEIL LOCAL DE SANTÉ MENTALE : UN OUTIL DE RÉHABILITATION SOCIALE

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Objectif: Le conseil local de santé mentale (CLSM) est une plateforme de concertation et de coordination entre les élus locaux d'un territoire et la psychiatrie publique. Il a pour objectif de définir des politiques locales et des actions permettant l'amélioration de la santé mentale de la population. **Méthode:** Le CLSM intègre obligatoirement les usagers et les habitants ainsi que tous les services sociaux, médico-sociaux et sanitaires. Il préconise et organise les groupes de travail en fonction des besoins locaux identifiés et permet ainsi, la planification et le développement des politiques locales de santé mentale. **Résultats:** Le CLSM permet d'avoir une meilleure visibilité des ressources existantes et des besoins sur le territoire. Grâce à son travail en réseau, il permet : - une observation en santé mentale. - l'amélioration de l'accès aux soins. - l'insertion sociale et la lutte contre l'exclusion. - la lutte contre la stigmatisation en renforçant l'empowerment des usagers. En France, une centaine de CLSM sont recensés (opérationnels ou en projet). **Conclusion:** Le CLSM apparaît comme un levier permettant d'agir sur la réhabilitation psycho-sociale des individus par son rôle de coordination des actions locales entre les différents acteurs. Il vient combler les lacunes engendrées par le cloisonnement des pratiques et des acteurs au niveau local.

Ricerche in riabilitazione psicosociale

40997

VALUTAZIONE DELL'ESPERIENZA SOGGETTIVA QUOTIDIANA IN PAZIENTI INSERITI IN UN PROGRAMMA RIABILITATIVO RESIDENZIALE E SEMI-RESIDENZIALE.

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Obiettivi: La qualità dell'esperienza soggettiva, elaborazione consapevole di informazioni provenienti dall'ambiente e dal mondo interno, è correlata alla valutazione delle capacità possedute (skills) per far fronte alle sfide offerte dall'ambiente (challenges). L'equilibrio tra challenges e skills determina l'Esperienza Ottimale, stato positivo favorente lo sviluppo di risorse e competenze. La riabilitazione psichiatrica pone il soggetto/paziente al centro del suo progetto di cura, risulta pertanto importante porre attenzione alla percezione soggettiva di tale processo per valutare la riabilitazione stessa. Si è

pertanto strutturato un protocollo per valutare l'esperienza soggettiva correlabile alle diverse attività riabilitative. **Materiali e metodi:** Per valutare la qualità dell'esperienza è stato utilizzato l'Experience Sampling Method (ESM), somministrato in diversi momenti della giornata, nel tempo libero e dopo attività riabilitative strutturate e non. Sono stati reclutati 27 partecipanti (12 residenziali e 15 semiresidenziali). **Risultati:** Le attività riabilitative strutturate sono associate ad un profilo esperienziale positivo e ad una elevata percentuale di esperienza ottimale. Il tempo "vuoto" favorisce stati di apatia e destrutturazione. **Conclusioni:** Le attività riabilitative strutturate contrastano l'apatia e la destrutturazione e favoriscono il reperimento di esperienze positive complesse. L'utilizzo di metodi di valutazione soggettiva permette di sviluppare interventi riabilitativi centrati sulle risorse individuali del paziente.

42656

LA PARITÀ DI STATUS TRA INTERVISTATORE E INTERVISTATO: EFFETTI ATTESI E INATTESI OTTENUTI CON IL PROGETTO CCM NEL DSM F. BASAGLIA DELL'ASL TO2 NORD

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Obiettivi. L'obiettivo generale del Progetto del Centro Controllo Malattie (CCM) Valutazione della qualità dei Servizi di Salute Mentale: un percorso di analisi condivisa con pazienti in qualità di valutatori è quello di valutare i Servizi di Salute Mentale attraverso le prospettive di 3 diversi stakeholder (SH): pazienti, familiari e operatori dei Servizi. Dagli esiti della valutazione scaturirà un piano di miglioramento da sperimentare all'interno dei DSM coinvolti. **Metodologia.** Ricerca-azione realizzata con interviste qualitative. Focus group con i diversi SH al fine di individuare bisogni, istanze collettive, risorse e motivazioni individuali; costruzione comune dello strumento d'indagine. Selezione degli intervistatori scelti tra gli SH; Formazione degli SH, non solo tecnica, ma anche motivazionale e relazionale; Svolgimento delle interviste tra pari per generare coinvolgimento maggiore dell'intervistato. L'intervista, da strumento d'indagine scientifica, diventa un mezzo per costruire relazioni tra pari. **Risultati.** I risultati attesi generati dalla scelta dell'utilizzo d'intervistatori pari sono stati la facilità di contatto con gli intervistati e il livello di approfondimento delle interviste. Risultato inatteso è stato la nascita di relazioni stabili, sia tra pari sia tra SH diversi, propedeutiche alla formazione di un gruppo di azione e pressione che potrà attuare, con il dovuto supporto, il piano di miglioramento. **Conclusioni.** Grazie a questo Progetto si è costruito un processo (novità assoluta per la realtà della Salute Mentale torinese) attraverso cui, da un'intervista tra pari, possono generarsi molteplici possibilità di relazioni e azioni di gruppo.

43092

PROGETTO REX.IT: STUDIO PILOTA RECOVERY STAR

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Obiettivi. Tre DSM della Lombardia, due servizi del privato sociale e un'associazione di familiari hanno intrapreso un percorso formativo sul tema del recovery, partendo dalla sperimentazione (validazione inclusa) della Recovery Star (RS), uno strumento sviluppato dal Triangle-Consulting, per favorire il coinvolgimento dell'utente nella definizione/valutazione degli obiettivi del progetto terapeutico individualizzato. **Disegno dello studio e metodi.** Lo studio ha previsto una fase di preparazione ed una dedicata allo studio pilota (comprensivo della validazione-RS e uno studio naturalistico-longitudinale). Sono stati coinvolti pz psichiatrici adulti per cui era prevista la stesura di un PTI/PTR; sono state rilevate le informazioni socio-demografiche, cliniche e somministrate le seguenti scale: RS, HONOS, GAF, CGI, WHOQOL-breve. **Risultati.** Sono stati reclutati 92 pz afferenti alle patologie psichiatriche maggiori. Statisticamente significative le correlazioni tra la RS e le scale concorrenti; significativo lo studio test retest. Differenze significative sono state riscontrate tra T0-T1 in diverse aree della RS; inoltre, sono stati rilevati dei miglioramenti significativi nella GAF e la HONOS. **Conclusioni.** Lo studio rivela l'applicabilità della RS nel contesto italiano. Tale strumento può favorire, unitamente alla formazione, il coinvolgimento di utenti ed operatori ad un approccio maggiormente orientato al recovery. L'approfondimento di tale approccio può rivelarsi di cruciale importanza in ambito clinico-riabilitativo.

Posters

The fundamentals: housing and residential care, work and employment

40598

COORDINACIÓN CON RECURSOS RESIDENCIALES EN EL PROCESO DE RECUPERACIÓN: A PROPOSITO DE UN CASOGAMERO B. ¹, DÍAZ P. ¹, AMADOR E. ²¹ Fundación El Buen Samaritano, Centro de Rehabilitación Psicosocial, Madrid, SPAIN, ² Fundación El Buen Samaritano, Centro de Día, Madrid, SPAIN

El Centro de Rehabilitación Psicosocial Carabanchel (CRPS), forma parte de los dispositivos de la Red Pública de Atención Social a personas con enfermedad mental grave y duradera. Tiene por objeto fomentar el mayor grado de autonomía personal y social, promover la integración comunitaria y mejorar su calidad de vida. Para ello, es fundamental la coordinación con los Programas de Rehabilitación y Continuidad de Cuidados de los Servicios de Salud Mental. Se propone un caso que ejemplifica la importancia del trabajo en equipo para la consecución de dichos objetivos. Se trata de una mujer de 44 años, con diagnóstico de esquizofrenia paranoide desde los 20 años. En el momento de la derivación en abril de 2008 residía en la Mini Residencia de Carabanchel (MR), a pesar de contar con una vivienda propia. Se establece como objetivo prioritario de rehabilitación la vuelta a su domicilio, previo paso por un entrenamiento en Piso Supervisado y con la ayuda posterior del Equipo de Apoyo Social Comunitario (EASC). La labor coordinada del CRPS, la MR, el Piso Supervisado y el EASC ha permitido que la usuaria se encuentre residiendo felizmente en su domicilio desde septiembre de 2011, con buen nivel de funcionamiento personal y social.

40862

GIASONE CON ORFEO. TRA LEADERSHIP ED ARMONIA PER UN OSSERVATORIO PRE-LAVORATIVO INTEGRATO CON LA SCUOLA E CON L'IMPRESA

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Obiettivi: architettare un dialogo con il sistema produttivo e con gli operatori delle istituzioni pubbliche in un periodo di recessione economica. Dopo anni di lavoro nel pubblico la pratica nel privato sostenuta dal pubblico permette risultati più efficienti ed efficaci. **Materiali e metodi:** quattro esempi, quattro percorsi, quattro diagnosi, quattro soggetti differenti con progetti personalizzati, soggettivati a dimostrazione di una pratica possibile. Una pratica che si avvale del tempo, del ritmo, della sinfonia soggettiva che fanno armonia quando si realizza da soli ma non in solitudine: uno studente che abbandona gli studi, un autistico ad alto funzionamento, un paranoico gran musicista, uno schizofrenico a rischio suicidario che diventa un'ottimo impiegato! **Risultati e conclusioni** - Come Giasone arruola i suoi eroi ma sceglie di avere in squadra anche Orfeo per vincere la seduzione delle sirene, così anche il nostro progetto cerca di avvalersi della logica clinica dell'insegnamento di Lacan per superare i rischi delle sirene e gli scogli che stanno a difesa del vello d'oro (ruolo sociale) da conquistare per ognuno dei nostri eroi-soggetto.

41005

FORMAZIONE DI OPERATORI PER L'INSERIMENTO LAVORATIVO NEL CAMPO DELLA SALUTE MENTALE: UN'ESPERIENZA TRA IL BRASILE E L'ITALIADE OLIVEIRA LUSSI I. ¹, CAPITANIO M. ², SIMÕES MATSUKURA T. ¹, SELMA HAHN M. ¹¹ Universidade Federal de São Carlos, São Carlos, BRAZIL, ² Cooperativa Sociale La Quercia, Trieste, ITALY

Obiettivi: Lo studio ha avuto come obiettivo la identificazione delle principale domande, difficoltà e opportunità considerate dai professionali che realizzano esperienze di inserimento lavorativo con gli utenti di servizi di salute mentale con la prospettiva di dare supporto alla loro formazione in relazione al cooperativismo sociale. **Disegno e metodi:** A partire dalla localizzazione delle esperienze esistenti nello stato di São Paulo, Brasile, sono stati scelte cinque realtà che meglio rappresentano questo



lavoro. Per mezzo di visite e interviste realizzate con professionali responsabili per queste esperienze si è cercato di caratterizzare le pratiche e identificare le domande, le difficoltà e le opportunità. Dopo di che si è organizzato un corso di formazione per questi professionali con la partecipazione del presidente di una cooperativa sociale italiana. **Risultati:** È stato elaborato un diagnostico caratterizzando le esperienze sviluppate con una analisi delle prospettive, difficoltà e domande identificate per mezzo della relazione della esperienza dei professionali. Questo materiale è stato fondamentale per l'organizzazione del corso di formazione professionale. **Conclusioni:** Anche se l'esperienze rendono possibile l'inserimento lavorativo è necessario essere critici rispetto a quello che ancora deve essere lo sviluppo direzionato all'autonomia e alla conquista di cittadinanza degli utenti dei servizi di salute mentale.

41058

PISO ESCUELA EN LA HOSPITALIZACIÓN

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INTRODUCCIÓN: El proyecto piso escuela es un recurso de día del Servicio de Rehabilitación, que permite establecer un puente entre la hospitalización y el retorno a la comunidad. El piso, situado fuera del recinto hospitalario, está habilitado y equipado para el desarrollo de actividades básicas de la vida cotidiana. **OBJETIVO:** Capacitar a la persona con trastorno mental grave, de los conocimientos necesarios para desenvolverse correctamente en su hogar, fomentando su autonomía en la organización y cuidado de su vivienda. **RESULTADOS:** 52 usuarios de subagudos participan del programa. Un 53,80% ha mejorado el vínculo con los dispositivos comunitarios, un 39,20% lo mantienen y un 8% no se vinculan. Un 24,30% ha reingresado con menos frecuencia. El grado de satisfacción es de 7,7 sobre 10. **CONCLUSIONES:** La valoración de la experiencia de este año y medio tanto por parte de los usuarios como de los profesionales es positiva. Es un proceso que mejora el proceso de alta favoreciendo el vínculo con los dispositivos comunitarios.

41453

THE UTILIZATION OF VOCATIONAL TRAINING PROGRAMS IN PEOPLE WITH PSYCHIATRIC DISABILITIES IN TAIWAN

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Objective: Vocational Training (VT) has been the major vocational rehabilitation (VR) services for people with disabilities for more than 20 years in Taiwan. However, it is argued that people with psychiatric disabilities are under represented in VR services due to stigma issue. The utilization VT services of people with psychiatric disabilities was the main theme in this analysis. **Method:** Service data, including service users, type and courses of training, and overall employment rate of the program, of 187 VT programs for people with disabilities in Taiwan in 2009-2010 were collected and analyzed using descriptive statistic methods. Unfortunately, employment status of individuals was not reported because of data limitation. **Results:** The percentage of people with psychiatric disabilities (n=630, 20.3%) in all people with disability groups in VT programs was not lower, compared to census of people with disabilities. The most popular types of training were cuisine aid, car washing, and janitor. Though wide array of classes and internship training was offered, 13.5 % of people with psychiatric disabilities withdraw from the vocational training program, which was much higher than people with intellectual disabilities and other type of disabilities. People of psychiatric disabilities in those programs which recruited all type of disabilities had higher rate of withdrawal than in those programs specialized for people with psychiatric disabilities. The chance to return VR system for further services was also lower for people with psychiatric disabilities compared to people with other types of disabilities. **Conclusions:** The presence of people with psychiatric disabilities in VT programs revealed that VR system did provide equal opportunities of entry for all types of people with disabilities. However, types of training and skills of teaching of professionals in those VT programs should be improved in order to engage people with psychiatric disabilities. Also, data management system should be changed for further analysis of outcomes and cost/effectiveness of VT programs.



41517

LA VALUTAZIONE DEI PERCORSI DI INCLUSIONE SOCIALE E DI FORMAZIONE AL LAVORO NEL DIPARTIMENTO DI SALUTE MENTALE DI TRIESTE

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Obiettivi. Il presente lavoro valuta l'implementazione delle competenze sociali nelle persone che iniziano percorsi di formazione ed inserimento lavorativo ed il conseguente miglioramento della loro inclusione sociale. **Disegno e metodi.** In un campione di 112 soggetti, 49 donne e 63 uomini, in carico ai 4 CSM ed inseriti in Borsa di Lavoro, sono stati valutati al tempo 0, prima di iniziare il percorso formativo, e a 12 mesi di distanza dall'avvio dell'inserimento lavorativo. La valutazione ha riguardato gli esiti psicosociali e l'efficacia dello strumento Borsa di lavoro nel migliorare l'inclusione sociale. Sono stati utilizzate alcune sezioni della WHO/DAS-2, della Honos Roma e la NOSIE. **Risultati.** I risultati preliminari sembrano confermare l'efficacia della borsa di lavoro nel favorire l'inclusione sociale, nel ridurre i livelli di disabilità presenti al tempo 0 e nel valorizzare la centralità del modello della presa in carico territoriale da parte del CSM. **Conclusioni.** L'aumento quali - quantitativo delle competenze sotto forma di tirocini formativi o attraverso l'inserimento nell'ambito delle cooperative sociali, si configura come intervento abilitativo centrale nei percorsi di inclusione sociale coordinati dal CSM.

41520

WHAT IS OCCUPATION FOR PATIENTS WITH A SEVERE COGNITIVE IMPAIRMENT?

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Purpose: Occupation is used as a means for occupational therapy intervention and it is traditionally defined as an "individual's active participation in meaningful activities". However, it is a challenge to identify the most appropriate "occupation" for patients who have difficulty expressing themselves. This research explored the definition of "occupation" for patients with severe cognitive impairment.

Method: Literature that focused on patients with difficulty in self-expression because of severe cognitive impairment was targeted. Descriptions of patients' responses, behaviours, and their relationships with other individuals were extracted and qualitatively analysed. **Results:** Patients' behaviours, as described in these studies, did not correspond with the traditional definition of "occupation". However, not only when the family or caregivers perceived the patients' behaviour as meaningful, but also when the occupational therapists perceived it as therapeutically useful, the behaviour was newly regarded as "occupation". **Conclusion:** The involvement of family members and caregivers who knew the patients well proved to be useful in identifying "occupation" for patients with severe cognitive impairment. Therefore, further development of intervention methods that include more of these individuals is essential.

41554

DOVE C'È CONDIVISIONE C'È CASA: UN'ESPERIENZA DI VALUTAZIONE PARTECIPATA DELLA QUALITÀ DEI GRUPPI APPARTAMENTO

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Obiettivi: Creare un modello di valutazione della qualità dei Gruppi Appartamento (GA) afferenti all'ASL TORINO 1 che preveda la partecipazione attiva di utenti e familiari e rispecchi la ricchezza e le peculiarità del suo oggetto d'indagine oltre che condividerne la natura collettiva e partecipativa.

Disegno e metodi: Costruzione di uno strumento di valutazione dei GA; Formazione dei Valutatori di GA; Somministrazione della Griglia di Valutazione ed elaborazione dei dati. **Risultati:** Un soggetto collettivo di utenti, familiari e operatori ha elaborato la Griglia di Valutazione dei GA tramite un'indagine riguardante gli indicatori di qualità condotta su 64 soggetti (26 ospiti di GA; 21 familiari; 17 operatori). Sono stati erogati due corsi di formazione per Valutatori di GA che hanno visto la partecipazione di 80 persone tra utenti, familiari e operatori. 10 gruppi di Valutatori di GA - ognuno composto da 1 utente, 2 familiari e 1 operatore - nel 2009 hanno valutato 33 GA; 9 gruppi di Valutatori di GA, nel 2011,

hanno valutato 36 GA. **Conclusioni:** Il progetto ha visto la partecipazione attiva e paritaria di tutti i soggetti che vivono il mondo dei GA utilizzando una metodologia che favorisce l'empowerment, inteso come insieme di processi che mirano a riattribuire potere d'azione alle persone che usufruiscono dei servizi.

41587

PERFIL DEL USUARIO DE UNA RESIDENCIA DE SALUD MENTAL: ¿QUIEN VIVE EN TRIGINTA?

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Triginta es una residencia de 30 plazas para personas que presentan un trastorno mental severo, de menos de 65 años, con un grado de disminución reconocido superior al 65% y con autonomía para realizar las actividades de la vida diaria. Nuestro principal objetivo es la rehabilitación de los usuarios dentro de la comunidad.

OBJETIVO: Conocer el perfil social del usuario de Triginta, residencia de salud mental con 10 años de historia.

MATERIAL Y MÉTODO: Estudio descriptivo longitudinal a través de las 55 historias de los usuarios que han pasado por el centro, analizando las variables: sexo, edad de ingreso, estado civil, formación, procedencia, incapacitación legal, tipo y cuantía de la pensión, familia y relación, diagnóstico y edad de debut. Los datos han sido analizados con el SPSS.

RESULTADOS: - Sexo: 67% hombres y 27% mujeres; - Estado civil: 87% solteros y 13% separados; - Formación: 33% sin estudios, 46% estudios primarios, 19% estudios secundarios y 2% estudios superiores; - Diagnóstico: 89% padecen esquizofrenia, 2% trastorno psicótico, 6% trastorno bipolar y un 3% otros diagnósticos psiquiátricos; - Edad media de debut de la enfermedad mental: 22,6 años (13-48); - Pensión: 56% pensión no contributiva, 31% invalidez y 13% orfandad; Cuantía de la pensión: 58% inferior a 400€/mes, 22% entre 400-600€, 9% entre 600-800€ y un 11% más de 800€; - Familia: 91% de los pacientes tiene familia y el 9% no; - Relación familiar: de los pacientes que tienen familia, un 17% no tiene relación, un 17% mantiene una relación esporádica, un 20% tiene una relación fluida y el 37% mantiene una relación continuada; - Incapacitación: 46% están incapacitados legalmente y el resto no. Únicamente se ha hallado relación significativa entre la edad de debut y la relación con la familia. **CONCLUSIONES:** El perfil del usuario de Triginta es un hombre soltero con estudios primarios e ingresos inferiores a 400 €/mes, que padece esquizofrenia desde los 23 años, que ingresa a los 45 años en la residencia procedente del domicilio familiar, que mantiene una relación familiar de forma continuada y que no está incapacitado legalmente.

41638

EVIDENCE BASED QUALITY DEVELOPMENT FOR PEOPLE IN SUPPORTING HOUSING, THE RINGBO-PROJECT

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Objective: The Ringbo-project intend to improve the treatment for people in supporting housing by trying out evidence based methodes. Health, life quality and empowerment are the key improvement goals. The project include six sub projekcs with six sub goals: 1. To improve the psychopharmacological treatment, 2. To improve the cooperation between primar care and secundar care to get a more similar medicin culture, 3. To improve the medicine administration, 4. To evaluate the place for treatment to improve the treatment individually, 5. To improve the conditions for recovery by the program IMR, 6. To improve the empowerment through Shared Decision Making. **Design and method:** Before the interventions started we made a survey to study the conditions at that point. We found information about: Demografic conditions, illness, health, treatment, abuse, violence, network, medicine, life quality and empowerment. We also compared them to other similar international studies. When the interventions end in december 2012 we want to study the same data again and compare them to these first results to find the effect of the interventions. **Results:** We already made the first survey that shows how the conditions are for the people living in the supporting house called Ringbo before we made the quality development project. We found information about: Demografic conditions, illness, health, treatment, abuse, violence, network, medicine, life qualityand empowerment. The end results wich show the effect of the interventions are made as a survey and as an artikel in october

2013. **Conclusions.** The people living in supporting housing are very ill mentally as well as physical with low functionality level and high level of symptoms. Our study did not differ much from the other studies which show around the same picture of people living in supporting housing. The study also shows that about 50 % actually are able to be tried on an outpatient basis. This conclusion is different from another Danish article conclusion where long term hospitalized treatment is suggested. Conclusion on the project interventions are not made yet they are ready in October 2013.

41657

MODEL FOR WORK COMMUNITY TO SUPPORT THE RETURN-TO-WORK AND EMPLOYMENT OF A MENTAL HEALTH REHABILITEE

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The **objective** of the project was to create a model for the work community and the employers for supporting return-to-work or new employment of the mental health rehabilitees. The project aimed at recognizing the factors affecting the employment and identifying the essential areas where support was needed by the employer, by the community or by the employee. **Design and methods:** Both focus group interviews and individual thematic interviews were used. The data were analyzed using content analysis. Thus, the material was first transcribed into text format and then categorized into subthemes and themes. **Results:** Four main themes of successful employment were identified; 1) individual factors (e.g. motivation and skills of the rehabilitee); 2) social factors in the workplace (e.g. attitudes, feeling of membership); 3) internal preparation of the work community (e.g. work arrangements, low threshold approach, orientation to work, rules, problem solving procedures), and 4) communication within the organisation (information, co-operation with the mental health sector, increasing knowledge concerning mental health issues). Based on these results a check-list was created to help the work community to successfully employ a rehabilitee with a mental health history or other problems that might have impact on one's work ability. **Conclusions:** Mental health rehabilitees and others with partial work ability form a huge unused resource in the labour market. Measures that prevent work related disability or enhance return to work as well as promote innovative solutions in health care and rehabilitation are valuable in the modern society. The results of this study were used in the Mood for Work project where a new counselling model for the employers was created and piloted.

41780

LA MIA AMICA CASA: L'ESPERIENZA DEL CSM DI CESENA DI ATTIVITÀ DI GRUPPO PER IL MIGLIORAMENTO DELLE ABILITÀ DI GESTIONE DELLA PROPRIA VITA DI AUTONOMIA DOMESTICA

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Obiettivo: migliorare la capacità, degli utenti del CSM che vivono in situazioni abitative autonome per:

- sostenere l'abilità dell'utente a domicilio e potenziare la sua capacità di gestione autonoma, salvaguardando i bisogni e le abitudini
- favorire la comunicazione e lo scambio fra pari di esperienze relative alla gestione di una vita autonoma.

Strumenti e metodi:

- gruppo di pari, condotti da una psicologa, per la risoluzione di problemi concernenti la gestione della vita indipendente
- apprendimento delle abilità.

Risultati: sono stati effettuati in totale 10 incontri. Dei 12 utenti partecipanti si è registrata una partecipazione complessiva pari al 53%. Il range di età da 54 anni a 39 (media 47 anni). Il 57% sono maschi e il 43% femmine. Il periodo di presa in carico al CSM ha una durata media di 7 anni. Le diagnosi prevalenti: disturbi di personalità di tipo schizoaffettivo o area psicotica.

Conclusioni: valutazione finale del gradimento delle attività svolte su una scala da 1-scarso a 6-ottimo. La media della valutazione da parte degli utenti è stata: l'importanza degli argomenti svolti rispetto ai propri bisogni-5,17; l'utilità dei consigli-5,5; la qualità complessiva del gruppo-5,17; gli operatori-5,33; la durata del corso-3,67; l'organizzazione complessiva-4,17.



41821

VADO A CONVIVERE DA SOLO - APPARTAMENTO IN SEMIAUTONOMIA PER L'HANDICAP MENTALE

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Humanitas SCS è una Cooperativa aderente al Consorzio Astir di Prato che da anni, in convenzione con la Asl 4, si occupa della gestione di servizi residenziali, semiresidenziali e territoriali a favore di persone con patologie psichiatriche e disabilità fisica e mentale. Il progetto che intendiamo illustrare nasce dalla necessità emersa in maniera trasversale nelle strutture sociali della nostra realtà, di differenziare i percorsi educativi degli ospiti inseriti, per andare incontro alle esigenze di quei giovani adulti che dimostrano di possedere un buon livello di autonomia e per i quali sarebbe auspicabile intensificare e consolidare un percorso in tale direzione. Il progetto, denominato "Vado a convivere da solo" prevede la realizzazione di un appartamento che si configura come comunità di tipo familiare (art. 22 della legge della Regione Toscana 41/2005). Obiettivi generali: Sviluppo dell'autonomia e della crescita della persona attraverso l'auto-responsabilizzazione; Crescita e rinforzo delle funzioni di autostima; Sviluppo della capacità di programmazione della giornata e delle attività; Sviluppo e gestione delle dinamiche relazionali, utilizzando la convivenza come stimolo alla collaborazione e al confronto, alla gestione dei conflitti e alla loro risoluzione; Organizzazione di ambiti di rielaborazione e di consapevolezza circa il proprio futuro.

41881

TOWARDS THE EMPOWERMENT AND AUTONOMY OF PEOPLE WITH MENTAL DISORDERS: THE PROCESS OF CARE IN RESIDENTIAL SERVICES IN SAO PAULO CITY, BRAZIL

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Objective: According to the Brazilian Ministry of Health, carers supporting subjects discharged from long-stay psychiatric hospitals in residential services should be able to choose the best approach to promote their autonomy and social inclusion. This study aims at exploring carers perceptions on their task on promoting social inclusion of subjects with mental disorders living in shelter homes. **Method:** 13 carers from eight residential services were interviewed based on script with open questions in 2011. The interviews were recorded and transcribed for qualitative analysis. **Results:** There was a predominance of themes such as altruism, humanitarian support to residents, positive attachment and relationship between carers and residents, need of technical training and supervision, difficulty to understand mental disorders and crisis management. An intriguing issue related with social inclusion was that resident empowerment was never present in their discourses. We have observed in their routines that carers actions were mainly triggered by affection to the resident, focusing on supporting their needs through "maternal" approaches rather than promoting their autonomy with technical interventions. **Conclusion:** Indeed, humanitarian environment are essential components of caring process for residents with mental disorders. However, to promote their empowerment, autonomy and citizenship it is also necessary multidimensional and specific technical interventions.

42044

PET - PROGRAMA DE ENSEÑANZA PARA EL TRABAJO EN SALUD MENTAL

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El programa de Educación para el Trabajo - Salud Mental (PET Salud mental), una iniciativa de los Ministerios de Educación y de la Salud, se desarrolla dentro de la formación interdisciplinar e interprofesional de los estudiantes de postgrado en enfermería, psicología y terapia ocupacional para la práctica el Sistema Único de Salud (SUS). El Proyecto PET- Salud Mental de la Universidad de São Paulo (USP) fue un vástago del Proyecto PET-Salud desde el interés y de la necesidad de ampliar las



práticas e investigaciones en el área de la salud mental. Se formaron tres grupos compuestos por estudiantes profesores universitarios y tutores (funcionarios de los servicios del SUS) que trabajan en la región oeste de São Paulo. Además de la formación para el SUS, el proyecto tiene como objetivo conocer las necesidades de las personas con trastornos mentales graves, en uso del crack, alcohol y otras drogas y en situación de vulnerabilidad / violencia, de acuerdo con su territorio y hacer un estudio de la red de atención a partir de la expansión de conocimientos, formación en seminarios temáticos y actividades de integración de servicios - escuela en CAPS AD (PROSAM); CAPS Lapa, UBS y el equipo de NASF Parque Lapa, Vila Jaguara Piauí y UBS y equipos de NASF Vila Dalva, D'Jardín D'Abril.

42104

COMPETENZE OTTIMALI PER GLI OPERATORI TERRITORIALI COINVOLTI NELL'INSERIMENTO LAVORATIVO DELLE PERSONE CON DISTURBO PSICHICO. RISULTATI DEL PROGRAMMA PRO.P

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Obiettivi. Individuare le competenze degli operatori dei servizi territoriali e gli indirizzi formativi per sostenere e sviluppare percorsi integrati d'inserimento socio-lavorativo delle persone con disturbo psichico. **Disegno e metodi.** Studio delle competenze degli operatori con differenti approcci metodologici:

- 1) campo "dinamico" delle competenze delle équipes dei servizi di salute mentale, definito con la metodologia Hay Group;
- 2) due modelli di competenze per tutor "territoriali" e "aziendali": delimitandone i campi d'azione, definendo attività e mappando funzioni, capacità, competenze e ruoli;
- 3) mappa delle competenze trasversali degli operatori dei servizi territoriali, definendo i flussi di attività di: DSM, Centri per l'impiego, Cooperative sociali.

Risultati. I modelli di Competenze mostrano che l'agire dei professionisti coinvolti non deve essere imperniato solo su saperi e saper fare individuali, ma dev'essere soprattutto basato sulla cooperazione e sull'integrazione degli operatori che, messi in rete, procedono nella non-linearità, ponendo la persona al centro dell'attenzione. I quattro modelli si situano in diversi punti del percorso. **Conclusione.** Il saper essere e, in particolare, la capacità di sospendere il giudizio, risultano fondamentali, a volte più dei saperi tecnico-intellettivi. I modelli progettati concordano con quelli riguardanti le professioni che lavorano in squadra o in rete per la cura e l'aiuto alle persone.

42126

STIGMA ED INSERIMENTO LAVORATIVO: RISULTATI DI UNO STUDIO NAZIONALE SU AZIENDE ITALIANE

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Obiettivi. Individuare elementi per ridurre lo stigma e favorire l'inserimento lavorativo di persone con disabilità psichica. **Metodi.** Nel 2010, l'Isfol, nell'ambito del programma Pro.P*, ha istituito un Tavolo con le maggiori Associazioni datoriali di lavoro a livello nazionale: Confindustria, Coldiretti, Confartigianato, CNA, Confcommercio, Confapi, CIA e Confesercenti. Nel 2011 ha effettuato due ricerche su campioni nazionali rappresentativi di Aziende, una qualitativa ed una quantitativa con metodo CATI, per verificare le situazioni che ostacolano o favoriscono l'inserimento lavorativo.

Risultati. La preoccupazione che è emersa da parte dei datori di lavoro riguarda i seguenti aspetti: frequenti assenze sul lavoro; incapacità di portare a termine un compito; la necessità di una continua supervisione; l'incapacità di gestire le relazioni interpersonali e gli eccessivi adempimenti burocratici. A fronte di tutto questo si deve tuttavia constatare che la propensione dei datori di lavoro ad assumere disabili psichici, dopo un'effettiva presenza in azienda, sale del 30%. **Conclusioni.** Si evidenzia come una reale conoscenza del problema, ottenuta con una concreta esperienza di inserimento in azienda del lavoratore disabile psichico, possa contribuire a ridurre fortemente il pregiudizio culturale, ossia lo stigma. (*Programma per il sostegno e lo sviluppo dei percorsi integrati di inserimento socio-lavorativo dei soggetti con disturbo psichico.)



42443

THE INSTITUTIONAL NETWORK AS SUPPORT TO OCCUPATIONAL INTEGRATION OF PEOPLE WITH PSYCHIC DISORDERS (1)

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Objectives. The complexity of needs of disadvantaged people requires a coordinated action involving several actors (2).

This study has analyzed the presence of institutional network promoting the occupational integration of psychic disabled people and the typology of collaboration between the actors. **Design e methods.** Qualitative survey, designed and developed in 2012, with 24 interviews to privileged testimonies, managers at Employment Centres, Social Cooperatives, Planning Offices, Mental Health Departments, has studied: presence and type of cooperation among specialized services, benefits of job networking and participation in projects to place psychic disabled individuals into the workplace. **Results.** Low presence of territorial networks, delay in the promotion of networking interventions, absence of appreciated practices, informal and discontinuous collaboration; needs: defining the institutional networks supported by natural social networks; assuring homogeneity of services offer; widening the network to enterprises. Successful experiences: professional integration in social cooperatives of agricultural sector through social Farms and Gardens (Campania Regional Law n. 5 of March 30th, 2012). The vocational training of disabled people previously integrated appeared incisive. **Conclusions.** The operational integration among services represents the requirement to develop, at local level, actions supporting the employability of disabled people; it's compulsory to fight the exclusion phenomena related to mental health. In Campania Region, also in absence of recognized territorial networks, effective initiatives are carrying out.

(1) This work has been carried out in the framework of Pro.P Programme (Programme for the support and the development of integrated courses for the occupational integration of people with psychic disorders – Pro.P) – ISFOL, Italy

42528

L'INSERIMENTO LAVORATIVO SECONDO OPERATORI E UTENTI DEI SERVIZI DI SALUTE MENTALE

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Obiettivo. L'Istituto di Scienze e Tecnologie della Cognizione del CNR ha condotto una ricerca-intervento sull'inserimento lavorativo degli utenti dei Centri diurni di salute mentale di Roma. Il contributo riporta i principali risultati, soffermandosi su: caratteristiche degli utenti inseriti e dei lavori svolti; aspetti che favoriscono l'ingresso nel mondo del lavoro e la continuità dell'esperienza; significato del lavoro nella loro vita. **Disegno e metodo.** La ricerca si è avvalsa di strumenti quali-quantitativi e ha coinvolto diversi attori: 9 operatori in gruppi di discussione tematici, 111 utenti a cui è stato somministrato un questionario e 12 utenti intervistati. I dati quantitativi sono stati analizzati con SPSS, sui casi discussi nei gruppi è stata condotta l'analisi del contenuto e le interviste in profondità sono state analizzate secondo il metodo della Grounded Theory (Glaser e Strauss, 1969), con l'ausilio di NVivo. **Risultati.** Gli utenti-lavoratori sono per lo più uomini (71,2%), con età tra i 30 e i 49 anni (86,4%), affetti da disturbo psicotico (72%). Lavorano principalmente in cooperative sociali (56,8%) e il 43,33% guadagna fino a 300 euro mensili. Variabili socio anagrafiche, di personalità, organizzative, ecc. favoriscono l'ingresso nel mondo del lavoro e la continuità lavorativa. Nel complesso il lavoro ha un ruolo positivo, rappresentando una linea di demarcazione tra uno stato passato, di "persona malata" e uno presente, di "lavoratore". **Conclusioni.** Conoscere il punto di vista di operatori e utenti consente una visione più ricca e articolata, con possibilità di pensare a interventi che consentano un maggior numero di inserimenti lavorativi, ma soprattutto inserimenti di qualità che favoriscono la reale autonomia dell'utente e lo "svincolo" dal Servizio, nonché l'accesso a diritti di cittadinanza sostanziali e non solo formali.



42581

EVOLUZIONE, CAMBIAMENTO E RIORGANIZZAZIONE DEL SISTEMA DEGLI INSERIMENTI FORMATIVI E LAVORATIVI DEI SERVIZI DI SALUTE MENTALE BOLOGNESI

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Obiettivi. Innovazione, sviluppo e ri-organizzazione di metodologie, progetti e sistema di valutazione dei percorsi e delle attività d'inserimento formativo e lavorativo per l'utenza del Dipartimento di Salute Mentale e Dipendenze Patologiche (DSM-DP) dell'AUSL di Bologna. Miglioramento delle performance socio-riabilitative e lavorative e della qualità di salute e di vita dell'utenza. **Metodo.** Analisi dell'evoluzione del sistema degli inserimenti lavorativi: rilevazione dei livelli di criticità e di insoddisfazione, dei punti di debolezza e dei punti di forza del sistema, recepimento di nuovi bisogni e di istanze di cambiamento, ricerca e costruzione di soluzioni innovative. Innovazione e riorganizzazione del sistema, attraverso un dialogo aperto, partecipato e collaborativo tra dirigenti, operatori del DSM DP e stakeholder (utenti, familiari, operatori, volontari). **Risultati.** Individuazione delle caratteristiche, dei bisogni/problemi degli utenti, ricomposti per tipologie di disabilità e fragilità. Introduzione di nuovi modelli, di chiari riferimenti normativi e operativi, di strumenti di valutazione di sistema. Definizione di quattro aree d'intervento attraverso le quali si esplicano metodologie, procedure e progetti riabilitativi lavorativi a seconda della diversa gradazione di impegno, motivazione e competenze dell'utente. Definizione di nuove procedure operative, per cui l'approccio dei servizi alla domanda di lavoro dell'utenza procede prioritariamente dal supporto all'impiego, alla formazione e transizione lavorativa, alla cooperazione sociale fino ai percorsi riabilitativi socialmente attivi. **Conclusioni.** Processo sperimentale aperto: conoscere limiti e possibilità dei progetti, aggiornare modelli e strumenti, consente di programmare gli interventi con maggiore precisione per poter fornire risposte riabilitative appropriate ed efficaci.

42665

RRA, RICERCA SULLA RISPOSTA ABITATIVA IN REGIONE LOMBARDIA

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RRA, Ricerca sulla risposta abitativa, è una mappatura qualitativa di tutte le Comunità Riabilitative a media assistenza (CRM) e di tutti i progetti di Residenzialità Leggera (RL) attivi in Regione Lombardia. Le strutture e i progetti oggetto della ricerca sono nati in conformità alla DGR 4221/2007 la quale fa riferimento al PRSM del 17 maggio 2004. La ricerca ha permesso di censire 195 nuclei abitativi, corrispondenti a 22 CRM e 173 appartamenti di residenzialità leggera, per una popolazione totale di 640 utenti. I dati raccolti, sia numerici che geografici, sono stati verificati per ognuno dei 30 DSM. La valutazione dei percorsi è stata effettuata tramite cinque tipi di questionari, rivolti a: responsabili di struttura o di progetto, referenti territoriali, case manager, utenti e familiari. Per i primi tre ruoli la somministrazione è avvenuta direttamente, al telefono e con la compilazione di schede online, per gli altri indirettamente attraverso moduli cartacei. Sono state così raccolte le risposte di 80 responsabili, 398 case manager, 39 referenti territoriali, 380 utenti e 205 familiari.

Alla somministrazione dei questionari hanno fatto seguito 25 focus group con gli operatori coinvolti. Per la realizzazione di tali incontri è stata elaborata una mappa concettuale con alcuni temi approfonditi dalla ricerca: la localizzazione e qualità delle strutture, il rapporto fra pubblico e privato e la quota sociale; il profilo degli utenti inviati, il percorso di inserimento e dimissione e il ruolo dell'aspetto residenziale nella terapia; la rete naturale e sociale degli utenti e il rapporto con la famiglia. I cinque questionari e le due schede sono andati a comporre un'unica matrice a 330 variabili. Da questa matrice sono state estratte, tramite analisi multivariata dei dati, 27 variabili di riferimento per ogni CRM/appartamento RL. Iniziata a giugno 2011, la ricerca sarà presentata a luglio 2012. In questo momento è in corso l'elaborazione finale per integrare in un unico, organico, output, tutti i dati qualitativi, quantitativi e geografici.

42690

ABITARE CONDIVISO

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OBJECTIVE: This study examined the effectiveness of an experimental program of supportive independent housing over two years period. The mental health department of Cagliari in partnership with 7 Cagliari hinterland towns has launched in 2010 project that has seen living together for 12 months psychiatric patients and university students. The idea of involving university students came taking into consideration their phase of life. They experience independence while they are not yet completely independent. We hypothesize that this would allow patients to an identification with positive role models which are not too different from their experience. The overall objective of the project was to reduce family burden, stigma and spending on welfare, thus implementing the social sustainability of psychiatric illness. We worked to ensure that users were able (and so was) to live independently, capable of taking care of himself and of the house, to manage money responsibly, to resume or start a job. **METHODS:** Support services are provided by a integrated team (Psychiatric, Psychologist, educators) adopting an integrated psychosocial approach. Educators support patients 6 hours a day, 6 days a week. **RESULTS:** In January 2012 ended the trial project, currently patients live together in groups of two, work, bear the costs of room and board with their resources (grant disability pension, employment grants), the Mental Health Department continues to provide psychological support to patients and their families. **CONCLUSIONS:** Clients with severe psychiatric disabilities are capable of obtaining and maintaining independent housing when provided with the opportunity and necessary supports. Supportive housing programs seem to allow the achievement of better outcomes for social inclusion and reduction of stigma.

42711

LE RESIDENZE LEGGERE DEL NIGUARDA

COOPERATIVA SOCIALE AMBRA E COOPERATIVA CREA

Italy

Abitare come Vivere, progettare, integrare. E' questo il senso del progetto terapeutico concepito per le Residenze Leggere del Niguarda e gestito sfruttando le sinergie tra gli operatori del settore cooperativistico ed i curanti del Dipartimento di Salute Mentale, settore pubblico, dell'Ospedale Cà Granda-Niguarda di Milano. Il principio cardine su cui si basa l'intervento riabilitativo nelle Residenze Leggere, è quello di riuscire a portare il paziente ad intraprendere e/o mantenere un autonomo cammino di crescita ed integrazione attraverso il fare, l'interazione con l'ambiente e lo stabilirsi di relazioni sociali significative. L'obiettivo è quello di fornire al paziente gli strumenti necessari che gli permettono di rispondere in modo adeguato alle richieste ed ai bisogni propri o di coloro con i quali vive o andrà a vivere. Il nostro progetto nasce dall'unione tra le richieste del Dipartimento di Salute Mentale dell'Osp. Riguarda e gli strumenti forniti dalla cooperativa Ambra. Il metodo designato è quello dell'interfaccia delle nostre capacità professionali ed il sostegno dei medici di riferimento di ogni paziente, costruendo un autentico lavoro di squadra. Un progetto multidimensionale dove intervengono molteplici figure professionali che in questo modo riescono ad elaborare interventi riabilitativi più complessi e mirati alle esigenze di ogni singolo utente. In un anno di operatività si sono centrati diversi obiettivi e si è riusciti a portare a termine diversi progetti di vita.

42808

COSTRUISCO UNO SPAZIO DA ABITARE

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Innovazione ed efficacia di un gruppo di Terapie Espressive nel Centro di Salute Mentale (CSM). **INTRODUZIONE** Il CSM di San Giorgio di Piano (BO) nel 2002 sostiene la nascita di un originale intervento gruppale dove si congiungono Danza Movimento Terapia (DMT) e Arte Terapia (AT). Nel 2010, andando a concludersi si trasformerà in due laboratori distinti. In 8 anni transitano 50 persone affette da psicosi e disturbi affettivi, con tempi di permanenza dai 6 mesi ai 4 anni. **METODI** La metodologia delle Terapie Espressive, che integra l'approccio psicodinamico con l'esperienza artistica, si è qui coniugata con l'interazione tra DMT e AT che, influenzandosi e vincolandosi, ha permesso



alle terapeute di sperimentare la doppia funzione: conduttore e witness (rif. Movimento Autentico). **RISULTATI** I risultati conseguiti evidenziano una maggiore ricchezza di gamme espressive, la riduzione degli eventi critici, l'implementazione delle capacità socializzanti, il recupero e/o scoperta di modalità più sane di affrontare la sofferenza, la gratitudine per l'attenzione ricevuta dal CSM e l'apertura di quest'ultimo verso un modo diverso di "guardare" l'utente. **CONCLUSIONI** L'esperienza testimonia: la realizzabilità (costi e contenuti) e l'efficacia (mantenimento dei risultati ottenuti all'85%), l'amplificazione di offerta del CSM verso trattamenti non convenzionali e di valorizzazione delle risorse personali, favorendo la comunicazione tra tutti gli operatori del Servizio.

42918

IL SOSTEGNO ALL'ABITARE: UN INTERVENTO RIABILITATIVO PER UTENTI IN CARICO PRESSO I CENTRI DI SALUTE MENTALE GENOVESI

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Obiettivi: il progetto, nato dalla collaborazione tra la Cooperativa "Redancia Onlus" - attraverso il Cr.e.s.s. (Consorzio Regionale Servizi Sociali) - e l'Asl 3 "Genovese", è durato 23 mesi, ha previsto l'utilizzo esclusivo del Te.R.P. (Tecnico della Riabilitazione Psichiatrica) e ha avuto lo scopo di integrare gli interventi territoriali del servizio pubblico con interventi terapeutico-riabilitativi esterni per il conseguimento di obiettivi condivisi. **Disegno/Metodi:** Il progetto si è rivolto alla prevenzione della cronicità (interventi sugli esordi) e al sostegno della residenzialità (supporto per dimissioni/inserimento in strutture residenziali), utilizzando interventi riabilitativi finalizzati all'incremento dell'autonomia personale, alla socializzazione e alla creazione di una rete di supporto. Ha previsto una presa in carico di 6 mesi dell'utente da parte del Te.R.P. (due incontri settimanali di tre ore) con periodiche riunioni di monitoraggio con l'équipe e periodica valutazione attraverso il Life Skills Profile. **Risultati:** su 83 pazienti presi in carico nei 23 mesi, i ricoveri sono diminuiti del 50% e il 71% degli obiettivi concordati è stato raggiunto. **Conclusioni:** la peculiarità del progetto è stata l'utilizzo di una figura specifica della riabilitazione e la specificità degli obiettivi che hanno permesso di mettere in atto interventi mirati, consentendo di ottenere risultati efficaci con conseguente rifinanziamento del progetto.

42939

CONDIVIDIAMO CASA O CONDIVIDI-A.M.A. CASA? IL GRUPPO CONVIVENZE COME ESPERIENZA PILOTA DI UN PROGETTO DI COHOUSING PER L'UTENZA PSICHIATRICA IN UN CENTRO DI SALUTE MENTALE DELL'ASL3 GENOVESSE

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L'idea nasce dalla ricerca di una modalità alternativa d'intervento sulle problematiche abitative dell'utenza: ridimensionamento budget per la residenzialità psichiatrica e difficoltà di reperimento alloggi per persone in dimissione dalle Comunità Terapeutiche; scarsa disponibilità di alloggi popolari; instabilità clinica; stigma e solitudine.

Il progetto si articola in due fasi: mappatura delle risorse interne, utilizzando due schede di segnalazione per la raccolta dati, rispettivamente abitazione e persona, ed esterne, collaborando con gli enti pubblici preposti e le associazioni del territorio; creazione di un Gruppo di Conoscenza per la condivisione delle problematiche dell'abitare e la libera scelta tra le persone per un'eventuale convivenza. Il Gruppo è orientato alla metodologia A.M.A. (Auto Mutuo Aiuto) con incontri settimanali di 90 minuti, facilitati da due operatrici (un Tecnico della Riabilitazione Psichiatrica ed un'Assistente Sociale) e da una verbalizzatrice volontaria (studentessa in Tecnica della Riabilitazione Psichiatrica). A fronte di 46 segnalazioni, 27 sono rientrate nel progetto; su 28 incontri la presenza media è stata di 7 persone. Il Gruppo ha stimolato e supportato la convivenza (esterna al Gruppo) di una partecipante ed una seconda si sta definendo. Ponendosi questa come esperienza pilota, osservate criticità e risultati, si vuole ridefinire la rotta attraverso: segnalazioni mirate; valutazione sistematizzata; maggiore motivazione sul tema cohousing; estrapolazione di una metodologia strutturata.



42972

CASPER-SM: A FIDELITY SCALE TO MEASURE THE STRUCTURAL AND PROCESS COMPONENTS OF COMMUNITY RESIDENTIAL FACILITIES FOR ADULTS WITH SEVERE MENTAL ILLNESS

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Context: Community residential facilities for adults with severe mental illness do not represent a single well-defined intervention. Few instruments can address and describe their inherent complexity and multiple components. **Objective:** To describe a fidelity scale measuring the structural and process components of community residential facilities for adults with severe mental illness (CaSPER-SM). **Methods:** The scale was developed as a result of a literature review and concept mapping (n = 624 stakeholders). Its content and format were revised during two focus groups. The CaSPER-SM includes a combination of structural and process components and covers comprehensively a residential facility. The 85 criteria are divided into themes (e.g. physical environment, social environment, house rules, clinical and rehabilitation activities, staff social support). Each criterion is operationalized using a five point Likert scale reflecting the range of practices in the housing field for each of the criteria. Scores are drawn from a semi-structured interview with the facility manager or a knowledgeable staff member. For each question there is a list of sub-questions (anchor points). A validation study (n = 260) investigated the psychometric properties. **Results:** Results show the description of two residential facilities using the CaSPER-SM. **Conclusion:** The CaSPER-SM can be of used for clinicians, managers and researchers.

42979

SHARES OF PSYCHOSOCIAL REHABILITATION INTERVENTION DEVELOPED BY OCCUPATIONAL THERAPY IN A SUPPORT CENTER FOR FAMILY HEALTH, FEDERAL DISTRICT, BRAZIL

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Introduction: The Primary Health Care is considered, internationally, as the base of health systems. It is characterized by a set of health actions, both individually and collectively, which includes the promotion and protection of health, disease prevention and health maintenance in order to develop a comprehensive care. **Objective:** Present the occupational therapist intervention in the context of psychosocial rehabilitation by Supporting the Family Health, a service that promoted actions in the primary care that, eventually, offers home care. **Material and Methodology:** this is an exploratory and descriptive study done by literature review and the experience and expectations acquired during occupational therapy internship in the Supporting the Family Health of the Distrito Federal, Brazil. **Results:** This service, Supporting the Family Health, allowed the intervention by occupational therapist the perspective of psychosocial rehabilitation, integrating community and health services, ensuring real practices of empowerment and autonomy, resulting in an increase in quality of life of patients and the community as a whole. **Conclusion:** The Supporting the Family Health is a strategic service, because promote an approaches between health service and community, facilitating health prevention and treatment actions.

42997

MULTICENTRIC STUDY ON THE INCLUSION WORK

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Both the literature and the clinical practice confirm the importance of job for patients with mental health problems. It is important for the reinstatement of those in their social context, but also as a tool for innovation of support care.

The work becomes a "tool of empowerment" and right of citizenship

It is important that when the care provider équipe projects a work placement for the patient, it takes into account the real capacity of the patient and the real context of the work. This will allow to make



the most of his/her capabilities in the context of a “real job.” This will lead patients to be perceived as workers with a specific role and not as “mental patients” in need of care and assistance. Contrary to the importance that work plays in psychosocial rehabilitation, to date there are few studies that actually put the current results and effectiveness of the methods of employment of people with psychiatric illness. One study conducted in the Marche Region, as part of the work carried out by the Ministry of Health and other Italian regions, has initiated action to investigate the phenomenon of job placement at the Department of Mental Health designed to bridge this lack of knowledge. The main objective was to acquire information on training and retraining regarding the employment of people with psychiatric disorders. The research was performed in all 13 DSM 3 to which a total of 16,512 patients over 18 years refer, about programs for employment they promote. A tool articulated, the PILDSM, was built, which investigated the resources used, the staff, the number of projects of job placement checks performed and their outcomes. It was administered to the Directors of DSM. Particularly meaningful experiences could be reported. Among these were then chosen those which became the subject of a focus group conducted among stakeholders. In 2008, of the total number of projects, 31.2% was aimed at the regular intake in the productive sector. Percentage of the latter projects that have achieved the target set is 24%. The sector in which more recruitments occurred was the small/medium enterprise.

43011

OSSERVATORIO PER IL LAVORO DELLE PERSONE DISABILI

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OBIETTIVI. L'Osservatorio del Lavoro per le Persone Disabili ha accolto e rilanciato la sfida, resa più difficile dall'attuale situazione socio-economica, cioè far incontrare domanda ed offerta di lavoro dei cittadini diversamente abili, in particolare le persone con fragilità psichica, che spesso, per stigma, hanno più difficoltà ad essere inseriti nel mondo del lavoro, utilizzando uno strumento flessibile, non costoso, capace di impattare su tutta la popolazione. **DISEGNO.** Si è utilizzato il sito www.lavorodisabili.org per fornire alle persone disabili e alle loro famiglie un Servizio di Orientamento e un Servizio attivo di comunicazione con offerte di lavoro e di formazione aggiornate giornalmente, oltre a informazioni relative alle normative, ai diritti, ai servizi, alle iniziative ed esperienze di buone prassi, nonché informazioni di carattere generale sul mondo della disabilità, con la possibilità attiva di creare un Profilo lavorativo individuale ed aziendale, per facilitare l'incontro tra domanda ed offerta di lavoro. **METODI.** L'Osservatorio ha tenuto conto, nella sua realizzazione, della Convenzione Internazionale dei diritti della persona Disabile (ONU, 2006), del linguaggio mutuato dall'ICF (Classificazione Internazionale della Salute e del Funzionamento) e dei principi della Riabilitazione su Base Comunitaria (Community Based Rehabilitation). L'attività si è integrata a livello istituzionale attraverso l'adesione alla Rete dei Nodi per l'Animazione del Piano di Lavoro e alla rete pugliese dei Nodi Locali per prevenire e contrastare tutte le discriminazioni. Nella sua attività ha sfruttato le potenzialità del Centro Sociale Informatico (C.S.I.), progettato e organizzato dalla Cooperativa Città Solidale e finanziato dalla Regione Puglia nell'ambito dei progetti per la connettività sociale rivolti alle persone disabili ed alle loro famiglie. **RISULTATI.** Dall'inizio dell'attività ad ottobre 2010, sono stati raggiunti importanti risultati in termini di diffusione ed utilizzazione del sito, che ha visto al 30 giugno 2012 n°12103 contatti, n°21614 pagine visualizzate e l'invio di n°23 newsletter a 227 persone. L'attivazione di un database ha dato anche interessanti informazioni sulle persone disabili in cerca di lavoro (es. sesso, età, provenienza, precedenti esperienze lavorative, tipo di disabilità, abilità possedute). **CONCLUSIONI.** L'Osservatorio ha mostrato di avere delle potenzialità che possono essere ancora meglio utilizzate per diffondere ed accrescere una cultura dell'aiuto basato non sull'assistenzialismo, ma su azioni concrete e valorizzanti finalizzati a far superare il gap di pregiudizio e far aumentare l'inclusione sociale delle persone diversamente abili, che, attraverso l'inserimento nelle attività produttive, possono esercitare, concretamente e nel pieno dei loro diritti, una cittadinanza attiva.



43015
PERCEZIONI DEGLI UTENTI-LAVORATORI DEL PROGETTO DI
INSERIMENTO LAVORATIVO BAR BIBITANTÁ
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In Brasile, la costruzione di proposte per l'inserimento lavorativi nella politica pubblica nazionale di salute mentale, in articolazione con la politica pubblica di economia solidale, iniziato nel 2004, è una delle sfide del processo di riforma psichiatrica. **Obiettivi:** presentare parte dello studio sul punto di vista dei lavoratori, utenti di Centri di Attenzione Psicosociale (CAPS), sul la loro inclusione nel progetto di inserimento lavorativo Bar BibiTanTã. **Disegno e metodi:** studio qualitativo; sono state effettuate analisi dei documenti sull'esperienza del Bar BibiTanTã ed interviste semi-strutturate con sei partecipanti. È stata condotta analisi tematica e la discussione è stata sviluppata in dialogo con le proposte della prospettiva della riabilitazione come ricostruzione di cittadinanza e dei documenti di racconti da parte degli utenti circa le loro esperienze in progetti di inserimento lavorativo. **Risultati:** l'analisi delle interviste indica che la motivazione per l' inserimento nel progetto è articolata ai desideri e bisogni degli intervistati. Le ragioni per la partecipazione nel progetto: aumento dei redditi, possibilità di ampliare le attività nella vita quotidiana, e interesse per il lavoro proposto e la sua forma di gestione. L'inserimento nel Bar BibiTanTã è una possibilità di rafforzare il potere contrattuale. **Conclusioni:** l'importanza delle ricerche sul i punti di vista degli utenti sull'esperienza di inserimento lavorativo per la riflessione sul le necessità e le esigenze di queste pratiche per contribuire con la trasformazione delle possibilità di vita delle persone con l'esperienza della sofferenza psichica.

43619
TRAVAILLER SUR LA QUESTION DU TRAVAIL: LE GROUPE DE
READAPTATION PRÉ-PROFESSIONNELLE
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Le travail est l'objectif de toute prise en charge au long cours en santé mentale. Facteur d'insertion sociale, il constitue un aboutissement parfois inaccessible, souvent problématique toujours risqué pour la personne fragilisée par la maladie. Mettre en question la question du travail est le but d'un groupe mis en place en 2009 au sein de l'association l'Élan Retrouvé à Paris en collaboration avec son Service d'Aide à l'Insertion Professionnelle des Personnes Handicapées (SAIPPH). Ce groupe expérimental répond à une demande de plus en plus croissante d'évaluation des usagers en recherche d'emploi dans le domaine du travail protégé et pour lesquels une prise en charge groupale sur un temps court est envisagée. Dans la lignée de la psychothérapie institutionnelle et de la réadaptation, éléments fondateurs de Paul Sivadon, créateur de l'association, ce groupe transversal et multi-sites a permis d'accueillir une centaine de patients, ayant souvent pour traits communs une errance dans les prises en charge médicale et médico-sociale débouchant fréquemment sur des impasses. Par le biais de courtes vignettes cliniques et de la présentation fonctionnelle de ce groupe, nous développerons les bénéfices attendus de ce groupe ainsi que l'importance du retissage du réseau de soins souvent très distendus par les années.

Substance abuse

39249
SUBSTANCE ABUSE AMONG SCHIZOPHRENIC PATIENTS
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Objective: this cross-sectional study was carried out to determine the proportion of different types of substance abuse and their pattern among schizophrenic patients. **Design and Method:** a cross-sectional study among 241 adult male schizophrenic patients attending in the National Institute of Mental Health in Dhaka was done from January to December, 2010. Data were collected through face-to-face interview and purposive sampling technique was used. Substance abuse among respondents was identified by using the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) criteria. **Results:** in this study, 29% of the respondents had lifetime history of substance abuse, while 16.6%

of them had history of current substance abuse (last 30 days). Cannabis was found to be the most commonly used substance followed by phensedyl and alcohol. Socio-demographic variables were not associated with substance abuse except age ($p>0.05$). Approximately one-half of the respondents admitted of having been charged with criminal offense. Suicidal attempts were significantly higher among the current substance abusers than the lifetime abusers ($p<0.05$). **Conclusion:** a significant proportion of substance abuse among schizophrenic patients found in this study indicates the importance of comprehensive management strategy for such group of population.

40852

MENTAL HEALTH AND ALCOHOL PROBLEM OF TENANTS OF PERMANENT RENTAL APARTMENTS IN A KOREAN URBAN AREA

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Purpose: The purpose of this study is to examine the mental health and alcohol drinking behaviours of tenants of permanent rental apartments in a Korean urban area, thereby providing basic data for the promotion of mental health, prevention of alcohol-related problems. **Methods:** Trained surveyors visited and interviewed with a questionnaires about mental health and alcohol drinking behaviour 350 persons from two permanent rental apartment buildings. The results were analyzed and compared with the data from the general population of same area. **Results:** The frequency of problem drinking, alcohol dependence, relevant treatments, and related legal problems were significantly higher in the tenants of the permanent rental apartments. Among them, the rate of alcohol-related problems was significantly higher in low-income groups than in high-income groups. **Conclusion:** The results indicated that the prevention program for problem drinking and the mental health disorders should be focused to the low-income groups in the tenants of the permanent rental apartments. We can assume that the tenants of the permanent rental apartment would be the pertinent target group for the social welfare and mental health program in terms of accessibility and the cost effectiveness.

41179

DISCOURSES USED BY MEMBERS OF A VIRTUAL SOCIAL COMMUNITY REGARDING THE LEGALIZATION OF CANNABIS

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In recent years discussion has been increasing regarding changes in policies regulating the consumption of psychoactive substances, especially cannabis. The virtual environment can be used as an important area to explore the construction of meaning organized around a certain theme. **Objective:** The aim of this study was to analyze the discourses used by members of a virtual social network that deals with issues related to legalization of this substance. **Design and Method:** Qualitative study, using the social constructionist theoretical framework. Data were collected in a virtual community that discusses topics related to cannabis. For the data analysis discourse analysis was used. **Results:** Five discourses were identified: the human rights discourse, the medical discourse, the financial discourse, the legal/criminal discourse and the religious discourse. With the use of different discourses, different policies may be suggested to deal with the issue. **Conclusions:** Understanding how this topic has been approached by other countries helps in thinking about changes in Brazilian policies. Considering that science is not neutral, the different positions on the issue should also be considered as embedded in a socio-economic-political-ideological context.



41588

SOCIAL REPRESENTATION OF NURSES FROM EMERGENCY SERVICES ABOUT USERS OF ALCOHOL AND OTHER DRUGS

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The use of psychoactive substances is a serious problem; of global public health concern and intoxication and drug withdrawal syndromes are frequent in emergency rooms. Notwithstanding this little is discussed about the role of nurses in this assistance. This is a qualitative study, considering the empirical nature of the data. We interviewed through semi-structured interviews fourteen nurses members of the staff of emergency services in general hospitals. This methodology allows to incorporate the historical, cultural and ideological aspects from the perspective of actors, relations and analysis of speeches and documents. As a category of analysis, we used the Social Representation. Social representation is a philosophical expression that means reproducing the perception of reality or the content of thought. In the field of social research it can be considered a category of thought, action and feeling that explain reality, and is therefore considered as part of the construction of reality by revealing the worldview of a certain time period. The problem of alcohol abuse and other drugs has mobilized society to many questions about health, education and security. In the literature, we found data supporting the speeches of the nurses, since many emergency services have no connection with the network, crystallizing themselves as a isolated reference. Patients tend to make new entries in these services, participating in a cycle that can only be broken when the emergency is coordinated with specialized services. The results show lack of preparedness to deal with these patients, prejudicial attitudes, lack of knowledge and malfunction regarding the network of care. The literature states that when professionals who take care of alcohol and drugs users-have some training on this issue this is focused on changes in physiology and does not provide the skills to deal with those individuals. Given the high prevalence of substance abusers and the lack of prepared staff; we conclude that information on emergency care to alcohol and other drugs users should be added to under graduate and specialization courses. The principles of Brazilian psychiatric reform are not yet incorporated into the practice of the nursing professionals. Therefore, we consider important to stimulate discussion on this subject, as well as new research and new curricular proposals regarding the theme. While the policy does not include psychiatric reform in the nursing education, this framework will persist.

41639

THE EMERGENCE OF NOVEL PSYCHOACTIVE SUBSTANCES (NPS): THE ROLE OF THE RECREATIONAL DRUGS EUROPEAN NETWORK

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Background: The recent emergence of New Psychoactive Substances combined with the ability of the Internet to disseminate information quickly and act as an online marketplace, has raised a number of concerns in the field of drug prevention. **Methods:** Multilingual qualitative assessments of a range of websites, drug for and other online resources was carried out using the Google search engine in nine languages from a number of collaborating countries (the UK, Norway, Belgium, Germany, Hungary, Poland, Italy and Spain) and innovative prevention messages were developed using a variety of technological tools. **Results:** More than four hundred and fifty novel psychoactive substances were identified in the past seven years of activities and the first prevention programme focused on New Psychoactive Substance targeted at both young people and health professionals was designed and successfully piloted across the European Union. **Conclusions:** Web monitoring activities with respect to drugrelated issues is a necessary step to better tackle the diffusion of New Psychoactive Substance. The use of technological tools could be successfully incorporated in specific prevention programmes on New Psychoactive Substance. Multi-cultural and multi-disciplinary partnerships are the key to anticipating the future and adapting to the change brought by the emergence of New Psychoactive Substance in psychiatric rehabilitation practice.

The ReDNet Research Project has received funding from the European Union, in the framework of the Public Health Programme. Associated partners: University of Hertfordshire, United Kingdom; National Addiction Centre Institute of Psychiatry King's College London, London, United Kingdom; Institute of Psychiatry and Neurology, Warsaw, Poland; Bergen Clinics Foundation Bergen, Norway;

De Sleutel Gent, Belgium; Servizio Salute Regione Marche, Ancona, Italy; Consorci Mar Parc de Salut de Barcelona, Spain; Rhine State Hospital University of Duisberg-Essen, Essen, Germany; National Institute for Drug Prevention Institute for Social Policy and Labour, Budapest, Hungary; DrugScope, London, United Kingdom.

Collaborating partners: Eotvos Lorand University, Budapest, Hungary; National Antidrug Agency Rome, Italy; National Antidrug Agency, Bucharest, Romania; United Nations Office on Drugs and Crime, Vienna, Austria; Adiktologie, Prague, Czech Republic; Children's Society, London, United Kingdom; ELISAD, London, United Kingdom; State Psychiatric Hospital of Alcohol and Drug Addiction, Sofia, Bulgaria; Trimbos Institute, Utrecht, Netherlands; A-Clinic Foundation, Helsinki, Finland; Institute for Research and Development Utrip, Grosuplje, Slovenia; University of Szczecin, Poland; Dipartimento Dipendenze Patologiche di Macerata, Italy.

41846

NATIONAL POLICY STRATEGIES IDENTIFIED IN THE DISCOURSE OF MANAGERS AND COORDINATORS OF THE CENTER FOR PSYCHOSOCIAL CARE FOR ALCOHOL AND OTHER DRUGS

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Objectives: To study the strategies to be adopted by the National Policy on alcohol and other drugs, from the Ministry of Health of Brazil, in the speech of managers and coordinators of the Center for Psychosocial Care for users of alcohol and other drugs - CAPS ad, in the state and city of Sao Paulo / Brazil. **Methodology:** exploratory, interpretive study, with a qualitative approach, conducted with the managers of mental health, of the state and city of Sao Paulo and with one coordinator of the services in each of the respective areas. All ethical determinations were observed. **Results:** Actions directed to alcohol and other drugs users on the Net of the Brazil Unified Health System; coordinated actions with the Judiciary; harm reduction or abstinence actions and oriented therapeutic activities. **Conclusion:** In the services studied participants resorted to intra and intersectoral strategies for the care of users of alcohol and other drugs. Possibilities of emancipation understood as social access and citizenship should occur primarily in the public space. In that context are to be found the chances of breaking the social dependence and social disqualification of vulnerable people which allows to analyze the set of resistance to capitalist domination.

41892

USERS OF ALCOHOL AND OTHER DRUGS ATTENTION IN TERMS OF PSYCHOSOCIAL REHABILITATION: AN EDUCATIONAL EXPERIENCE IN A COMMUNITY SERVICE IN BRAZIL

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Introduction: the creation of community services with the challenge to prevent, treat, rehabilitate alcohol and other drugs misusers is required. Health professionals should develop new technologies for the care which must be guided in practice creative, sensitive and rehabilitative activities. This implies a higher education capable of responding to this challenge. **Objective:** Analyze a teaching experience of a rehabilitative practice held in an Alcohol and Other Drugs Reference Center in São Paulo- Brazil. **Method:** Exploratory analytical study with a sample of alcohol and other drugs misusers involving the School of Nursing of the University of São Paulo in a University extension project. Data were drawn from patient records in the period from January 2008 to December 2011. **Results:** During the investigated period more than 300 users participated in a reading workshop project. 75 undergraduate of nursing, psychology and occupational therapy were involved, more than 30 users were integrated in the job market. **Conclusion:** the strategy proved effective both for the training of health professionals and for training skills for the insertion of the users in the job market.



42041

ADHERENCE TO TREATMENT FOR ALCOHOL AND OTHER DRUGS: THE STORY OF TEENAGERS ABOUT THE MOST IMPORTANT ASPECTS IN THE EARLY STAGES OF TREATMENT

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Introduction: The use of alcohol and other drugs by adolescents is highlighted in national and international level. Researchers have been investigating specific intervention strategies for this population; however, adherence is always a challenge. No studies were found that discuss this issue from the viewpoint of those involved. **Objective:** To understand the views of young people and workers from the Center for Psychosocial Care for Alcohol and Drugs in the capital of Mato Grosso, Brazil, about adherence to treatment. **Method:** A qualitative study, with the hermeneutic-dialectic as theoretical and methodological approach. Data collection was conducted with individual interviews and focus groups. **Results:** We identified six ways to discuss the adherence: the reasons for using alcohol and drugs, difficulties in seeking treatment, the treatment, itself, the interruption of treatment, suggestions for adherence of the adolescents and the concept of adherence. About the treatment adolescents stressed that the initial conversations and relationships with the workers were the aspects that helped in adherence. Contrary to previous reports, the teens did not report intervention techniques as the main reason to stay on treatment, but the relationship between people involved in the process. **Conclusion:** The adherence may be associated with a tender care strategy which enhances the quality of relationships and not primarily in technical aspects.

42575

CO-COSTRUIRE ALTERNATIVE: IL TRATTAMENTO IN TIME-OUT DI UN PAZIENTE CON DISTURBO BIPOLARE E DIPENDENZA DA SOSTANZE

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OBIETTIVI. A partire dai consueti trattamenti medico-sanitari in regime ambulatoriale si possono elaborare progetti innovativi con approccio psicosociale, che accompagnino i pazienti coinvolgendo una rete di servizi e utilizzando strumenti terapeutici individuali, di gruppo e di "residenzialità leggera" (colloqui, gruppi, time-out del fine settimana). **METODI.** Viene illustrato il percorso di un intervento di rete svolto a Bologna tra Servizio per le tossicodipendenze (SerT), Centro Accoglienza di una Cooperativa Sociale e Centro di Salute Mentale (CSM). **RISULTATI.** L'itinerario di cura ha favorito il distacco dalla sostanza, la rilettura della storia di dipendenza, la consapevolezza di limiti e risorse oltre che l'opportunità di vivere relazioni significative in attaccamento a sé e all'altro (allargamento della rete sociale, riferimenti terapeutici). **CONCLUSIONI.** Un punto di snodo importante nel percorso di cura, vissuto dal paziente come spazio di libera espressione, è stata la realizzazione di un cortometraggio in cui, da attore protagonista (non consumatore!) ripercorre il proprio copione di vita in una ri-narrazione di sé utilizzando anche il gruppo come risorsa.

42848

THE INFLUENCE OF REHABILITATION COURSES WITH PSYCHOLOGICAL SERVICES ON NEGATIVE SELF CONCEPT, ANXIETY, DEPRESSION AND SELF-ESTEEM OF ADDICTED MEN

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The main objective of this study was to investigate the influence of rehabilitation courses with psychological services on negative self concept, anxiety, depression and self esteem of addicted men in the therapeutic community centres during the year 1210-2011. The research design is quasi-experimental with assessments performed before and after four months of psychological training. The recruited subjects were 50 available addicted patients who attended during an index period of four months the therapeutic community centres of Ahwaz The tools of the research are the Rogers Self Concept scale, Cattel's Anxiety scale, Beck's Depression scale and Copper Smith's Self

Esteem scale. The results show that in this sample the presentation of psychological treatment in the therapeutic community centres of Ahwaz reduces negative self concepts, anxiety, and depression while it increasing selfesteem.

42925
PAINTING LIVES

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Assertive outreach teams can help people with substance abuse and severe mental problems to handle their everyday life in a better way.

Objective: the policy of Norwegian Health authorities is to develop holistic, coherent services for people with substance abuse and severe mental health problems. The aim of this study is to describe the everyday activities between helpers and service users, to increase the understanding of important factors that contribute to coherent services. **Design and Method:** the article gives an understanding of the importance of the day-to-day help given to users by professionals in two assertive outreach teams. Data for the study was gathered through nine individual interviews with users and ten groupinterviews with providers and leaders. **Results and Conclutions:** findings: Everyday activities are diverse and vast. The most important element when giving “good help” is that the help is provided on the everyday arenas of the users. The study shows that help, when it is given at the shop or in the car, going from one place to the other, provides a “cooperative room”, which is pinpointed as important by the users. It is also central that the users have easy access to their helpers, which is easily done via text messages or telephone. **Summarized:** practices characterized as holistic, cohesive services have a focus on collaborative approaches, they are person-centered, and they are provided on the service users everyday arena.

42930
EFFECTS OF FAMILY SUPPORT ON QUALITY OF LIFE AMONG ALCOHOL DEPENDENT PATIENTS: MODERATING EFFECT OF ABSTINENCE SELF-EFFICACY

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Objectives: Qulaity of life(QoL) was a important factor of treatment outcome in alcoholics. This study was to examine the relationship between family support and quality of life among alcoholics, to explore the moderating effect of abstinence self-efficacy on those relationship and to suggest practical implications for intervention services. **Method:** Data for this study were collected through the use of a survey instrument completed by 771 alcohol dependent admitted to inpatient treatment in a psychiatric hospital. Subjects were screened using the Family Support Scale, DTCQ-8, WHOQoL-BREF. Collected data were analyzed by moderated multiple regression and simple slope analysis. **Results:** Family support was directly associated with QoL. Also the abstinence self-efficacy had moderating effects on relationship between family support and QoL. Simple slope analysis showed that the effects of family support on QoL were significant at low and high levels of abstinence self-efficacy and especially the effects of family support on QoL were more higher at the high levels of abstinence self-efficacy. **Conclusion:** These findings suggest that abstinence self-efficacy is an important factor to QoL among alcohol dependents. Increasing self-efficacy, family support will be improve the QoL of alcoholics and their recovering process. Based on these findings practical intervention is suggested.

42940
A STUDY OF PROBLEM DRINKING AND SPOUSE ABUSE AMONG THE KOREAN ELDERLY COUPLES: FOCUSED ON THE MEDIATING EFFECT OF DEPRESSION

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Objective: In the field of domestic violence, there was increasing recognition of the problem of domestic violence against older women. Alcohol abuse and problem drinking has been associated



with an increased risk of domestic violence. With the older population increasing, there was growing recognition of the social problem of violence in marital relationships during old age in Korea. However there has been little interest and attention on domestic violence for older battered women. The primary aim of this study was to examine the role of depression as mediator between the problem drinking of old men and conjugal violence. **Method:** Data from 1st Korean Welfare Panel (national sample) were used for the analysis. Subjects in this study consisted of 1,385 male household who aged between 60-74 years old and their wives. The statistical significance was tested by SPSS 18.0, AMOS 18.0. **Results:** First, problem drinking of old males were significantly affected to the spouse abuse to their wives. Second, there was a strong association between problem drinking and depression of older males. Third, depression worked as mediators between the problem drinking and conjugal violence. **Conclusions:** Findings suggest that interventions for elder spouse abuse directed primarily to alcohol and depression related issues are insufficient to meet the needs of elderly spouse abuse. Mental health professional should be encouraged to develop working relationships with domestic violence services. Based upon these findings, we suggest to develop an integrated substance abuse-domestic violence screening system and program.

42968

THE ROLE OF VARIOUS FACTORS IN THE RELAPSE OF ALCOHOLISM

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Background: Alcoholism and drug addiction have been the subject of intensive study of psychiatrists. Drug situation in Russia is regarded as extremely tense by most scholars. The purpose of this study was to determine the role of factors which contribute to relapse in alcoholic patients with remissions and to find out if there are clinical differences between patients with short-term and long-term remissions. **Methods:** 100 adult alcoholic patients were divided into two groups: 50 patients with short-term remissions and 50 patients with long-term remissions. These two groups were compared to detect differences in the course of the disease. **Results:** The patients of the group of short-term remissions were significantly younger than ones of the group of long-term remissions (with the average age of 38,8 years vs. 50,6 years; $p=0,02$). The average duration of disease at the time of survey was 13,8 years versus 25,6 years respectively ($p=0,03$). The reasons of the relapse could be different: heightened suggestibility, often combined with a lack of critical illness, inability to resist the proposal to participate in the use of alcohol, the intension to test effectiveness of the treatment is taking place, a feeling of inferiority, involving the necessity of total abstinence from alcohol, increased feelings of inferiority in the feast of the situation, spontaneously arising or resulting from psychogenic disorders of mood (subdepressed, anxious/depressed, sad/angry state), to update craving for alcohol, do not disappear in the period of abstinence or recurring craving for intoxication. **Conclusions:** The appearance of a full critique to the disease process in a rational psychotherapy was noted in 24% of patients, a clear criticism to the disease, which appeared under the influence of psychotherapy, in combination with the occasional displacement of consciousness of disease, particularly in alcoholic situations - while 57%; lack of criticism to the disease, the use of sentences as 'I drink as all', 'I can don't drink,' recognition of the disease (sometimes formal) only in acute alcohol withdrawal syndrome - in 19%. Among the most significant factors that led to a relapse, should include the following: underestimation of the role of some treatment and reevaluation of their strengths and capabilities, not a critical evaluation of their disease state. The factors that cause craving and provoke relapses in alcoholic patients with short-term and long-term remissions were studied. Using factor analysis, we have found out eight factors for short-term remissions and seven factors for long-term remissions. None of the patients has shown a single provoking factor leading to relapse. In most cases it is possible to reveal two or more factors that contribute to relapse. The correlation between the age and the time of symptoms manifestation typical for alcoholic patients remissions has been observed. The interdependence of the factors that contribute to relapse in alcoholic patients remissions has been found out.



42994

PROFILE OF USERS OF CRACK, ALCOHOL AND OTHER DRUGS

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The problem of drug abuse needs to be really known to be able to propose to users who often live in the margins of their own local health service a quality care. To characterize the profile of crack users in the municipality of Pelotas and their patterns of drug abuse. The project was submitted and approved by the Ethics and Research, School of Nursing, Federal University of Pelotas under No. 311/2011 under the edict CNPq / NCT 041/2012. This project consists of a qualitative and quantitative study. It will be a qualitative ethnographic study of ten crack users who will be accompanied by nine months, from August 2012. An anthropological analysis of the data will be conducted. Since October 2011 a transversal epidemiological study with a sample of 576 users of alcohol, crack and other drugs has been carried out. The study was accompanied by harm reduction strategies and the Caps ad. Among other general questions of the questionnaire contained also the following validated instruments: AUDIT and CCQ-Brief. All analyses, including univariate and bivariate analyses, will be performed in STATA. As far as the data quality is concerned, more research and more reliable information on drugs of abuse is needed to draw up proposals for prevention, intervention, health care and protection of all persons, without any discrimination and exclusion.

Quality of life and long term outcomes

39506

PERCEPCION DEL IMPACTO DE LOS PROCESOS DE REHABILITACION Y REINSERCIÓN SOCIAL EN LA CALIDAD DE VIDA DE PERSONAS CON TRASTORNOS MENTALES SEVEROS

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Objetivo: Explorar la percepción de la calidad de vida de las personas que fueron asistidas en el programa SIRR. **Método:** Se seleccionó una muestra de 200 personas con más de un año de egreso del programa. Se diseñó una encuesta con preguntas abiertas y cerradas la que fue relevada telefónicamente a los usuarios seleccionados aleatoriamente. Se utilizó un muestreo estratificado por modalidad, con una elección por muestreo sistemático al azar. Se despejó la acción del azar con un test de Diferencia de proporciones para muestras grandes. **Resultados y conclusiones:** De la investigación surge que la demanda de tratamiento con cobertura habitacional es significativamente mayor. El sistema demuestra un alto nivel de accesibilidad y equidad en tanto el 87 % tiene cobertura de obra social u otro agente del seguro. El 74,6 % viven en la comunidad, en tanto el 63,8% evaluó satisfactoriamente su paso por el sistema y su calidad de vida. El 65,9% desarrollan y sostienen actividades de integración socio-laboral. El 55,3 % no volvió a tener internaciones psiquiátricas y el 95,7% continúan en tratamiento. La adherencia al tratamiento y a la medicación aumentó en más del 100% luego del programa de rehabilitación.

40599

QUALITY OF LIFE AND REMISSION STATUS. RESULTS FROM THE COAST STUDY

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Objective: self-rated quality of life (QoL) has been shown to be negatively correlated with symptoms in schizophrenia. We examined QoL in persons on oral antipsychotics, hypothesizing that satisfaction with various aspects of QoL would be greater in persons in remission. **Method:** participants were recruited from outpatient clinics to take part in the COAST study, a prospective naturalistic study

on factors related to treatment adherence. 131 took part, 87 of whom had a clinical diagnosis of schizophrenia. Remission was assessed by the same psychiatrist using the scale for Remission in Schizophrenia (SCI-SR). QoL was rated by the patient using the Manchester Short Assessment of Quality of Life (MANSA). **Result:** 70 participants fulfilled remission criteria. MANSA total scores did not differ in participants with and without remission. Responses for each individual MANSA item were dichotomized (satisfied/positive vs. not satisfied/negative). Separate age- and sex-adjusted binary logistic regression models were constructed for each individual item. None of the MANSA items showed a significant relationship with remission status. **Conclusion:** we could not show a relationship between remission and QoL. One possible explanation for these unexpected results might be that persons with symptom remission have greater insight which might affect their perceptions of QoL.

40836

QUALITY OF LIFE IN SCHIZOPHRENIC INDIVIDUALS: 5 YEAR OUTCOME

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Aims. Schizophrenia is a long-lasting disease that affects life quality. Actually life quality is accepted to measure wellness and function of schizophrenic stabilized patients. This study follows to evaluate variables that can influence life quality measured through the course of disease. **Material and methods.** Observational 5 years follow up study including 45 individuals with paranoid schizophrenia in outpatient specialized psychiatric, psychological and occupational clinical treatment. We assessed life quality using Quality of Life Scale (QLS) in 4 cut points. In statistical analysis we used ANOVA mix design 4x2 looking for the relation between QLS scores in the four cut points and dichotomy variables: gender, intelligence quotient, illness duration and age of onset of schizophrenia. **Results.** The relation between QLS score and independent variables on the inter-subject factor in each of the 4 evaluation cut off periods shows a statistically significant association: women and total QLS score, QLS-Interpersonal relations score, QLS-Instrumental role ($p < 0.05$) and illness duration and total QLS score. **Conclusions.** Our sample life quality improves throughout the period measured, interestingly the interpersonal relations rate increases. Women have better life quality than men as others studies that emphasized gender importance had reported before.

42550

LA QUALITÀ DEI SERVIZI DI SALUTE MENTALE: IL PUNTO DI VISTA DEGLI OPERATORI. DATI QUALITATIVI DELL'UNITÀ DI BOLOGNA NELL'AMBITO DEL PROGETTO CCM: VALUTAZIONE DELLA QUALITÀ DEI SERVIZI CON COINVOLGIMENTO DI UTENTI E FAMILIARI IN QUALITÀ DI VALUTATORI

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Obiettivi: coinvolgere gli operatori dei servizi di salute mentale nella definizione dei fattori che descrivono un servizio di qualità. **Disegno e metodo:** lo studio è parte di un progetto nazionale che coinvolge 6 Dipartimenti di Salute Mentale in 5 regioni Italiane e finanziato dal Centro Controllo Malattie del Ministero della Salute. Gli operatori sono stati invitati a partecipare a quattro focus group della durata circa di due ore con lo scopo di individuare indicatori di qualità (I.Q.) nell'ambito delle seguenti aree: progetto cura, relazioni, scientifica e organizzazione. **Risultati:** Dodici operatori hanno partecipato ai focus group condotti da una psicologa (G.G.) ed hanno individuato i seguenti I.Q.: area del progetto di cura: condivisione con utente e familiari del progetto, attenta analisi bisogni e risorse, verifica periodica del progetto. Area relazioni: spazi e tempi per esprimere opinioni e difficoltà, supporto per operatori ed equipe. Area organizzazione: cura degli spazi, dell'accoglienza, puntualità, flessibilità in base alle esigenze emergenti, interfaccia con altri servizi. Area scientifica: condivisione del modello teorico di riferimento, apertura verso nuove evidenze scientifiche e integrazione con modelli differenti. **Conclusioni:** l'esperienza degli operatori può dare indicazioni per il miglioramento della qualità dei servizi di salute mentale.



42728

FOLLOW UP OF MENTAL ILLNESS - TEN YEAR PROSPECTIVE STUDY

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Objective: to study the prevalence of chronic mental illness without medication and effective psychosocial intervention in an urban setting in Kerala, India. **Design and methods:** 23 wards of cochin corporation of Kerala state in India covering 0.2 million population were selected. House visits by field workers to detect dropout cases of chronic psychiatric patients were conducted for ten years from February 2002 to January 2012. **Results:** the prevalence of chronic symptomatic cases with poor follow up and medical treatment is 1.4% (287/200000), 100% (287/287) restarted medication after psycho-education, 27% (77/287) are cured and took off medication on regular follow up, 59% (170/287) lead a normal life with medication, 14% (40/287) have poor response and occupational impairment, 20% of the treatment (60/287) is sponsored by the organization. Seven symptom free patients got married and settled after treatment. **Conclusion:** lack of awareness about the course and long term treatment of mental illness, beliefs in magico-religious treatment, stigma to mental illness, financial constraints and lack of combining medical and psych education interventions are the main reasons for poor follow up and discontinuation of treatment. Regular house visits with proper psycho education and financial support help to improve chronic cases.

42892

QUALITÀ DI VITA NEI PAZIENTI IN CARICO AL DSM DI ASCOLI PICENO, DISTRETTO SANITARIO DI AMANDOLA - STUDIO DELLA QUALITÀ DELLA VITA (QDV) IN PSICHIATRIA: QUALITÀ DI VITA AUTOPERCEPITA DAI PAZIENTI E QUALITÀ DI VITA PERCEPITA DA INFORMATORI-CHIAVE. ESPERIENZA CON UN GRUPPO DI PAZIENTI PSICOTICI E DEI LORO FAMILIARI NEL DISTRETTO SANITARIO DI AMANDOLA, AREA VASTA 4 (FERMO) E 5 (ASCOLI PICENO) DELL'ASUR MARCHE

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Obiettivi. a) misurare la Qualità di Vita (QdV) dei pazienti psicotici seguiti dal dipartimento di salute mentale sul territorio del distretto sanitario di Amandola; b) analizzare la relazione tra la QdV percepita dal paziente e da un suo familiare; c) fornire ulteriori prove di validità dei questionari utilizzati; d) valutare l'impatto del "Progetto Sollievo" della Regione Marche sulla QdV. **Disegno e metodi.** Studio osservazionale condotto su 45 pazienti psicotici consecutivi mediante il questionario SF36. Ad un familiare è stato chiesto di compilare il questionario QOL-P (Quality of Life - proxy) per la valutazione della QdV del paziente. **Risultati.** Sono state esplorate le due dimensioni dell'SF36 (salute fisica e mentale). I punteggi di ciascuna dimensione sono stati divisi in 3 categorie: bassi, medi e alti. È stato quindi valutato il punteggio medio per salute mentale e salute fisica ottenuto con QOL-P in relazione alle 3 categorie sopra individuate e si è osservata una buona concordanza per la salute mentale/fisica: 46.3, 56.3 e 64.5/50.0, 49.5 e 65.0. La relazione dei punteggi medi con i livelli di indicatori di disagio (alcolismo, tossicomania, dissocialità e atti auto lesivi), misurata con la scala HoNOS (Health of the Nation Outcome Scales), e con i ricoveri ha mostrato che, al crescere del livello degli indicatori di disagio, il punteggio di salute mentale diminuisce significativamente. I pazienti che hanno partecipato al Progetto Sollievo hanno mostrato un valore più elevato del punteggio medio di salute mentale (53.8 vs 50.6, n.s.). **Conclusioni.** Entrambi i questionari SF36 e QOL-P costituiscono validi strumenti per la valutazione della QdV dei pazienti psicotici. Il maggior livello medio di salute mentale mostrato dai partecipanti al Progetto Sollievo, pur non significativo probabilmente a causa dell'insufficiente potenza dello studio, indica non solo l'opportunità di proseguire con gli interventi in atto, ma anche di ampliare lo studio della QdV ad altre Aree Vaste dell'ASUR Marche ed a altri ambiti territoriali della regione Marche.



43356

STUDY DESIGNED TO TEST THAT PSYCHOSOCIAL DAY CENTER PROGRAM WILL IMPROVE OUTCOME AND QUALITY OF LIFE OF SCHIZOPHRENIA, BIPOLAR I DISORDER, OR MAJOR DEPRESSION PATIENTS

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SUBJECTS AND METHODS: 58 patients from outpatient clinic related to 59 patients attending day center of Abu Dhabi Psychiatry Hospital. They were diagnosed using SCID IV. We used the suitable objective scale for each diagnosis and PCASEE QOL Questionnaire. Then the patients continued their program. **Results:** Statistical analysis of the data showed that: a) Major depression: Showed significant improvement in the study group in affective problems, cognitive problems, ego problems, physical problems, social dysfunction. b) Bipolar I: Showed significant improvement in the study group in ego problems, social dysfunction, and total quality of life score. c) Schizophrenia: Showed significant improvement in the study group in cognitive problems, and social dysfunction and significant improvement in GAF scores and BPRS Scale. **Conclusion:** Results confirms the role of day center has in improving the quality of life of the chronic mental patients both subjectively and objectively.

Consumers and families in quality environment

41594

EVALUACIÓN DE LAS NECESIDADES NO SATISFECHAS DE LA PERSONAS QUE PADECEN TRASTORNOS ESQUIZOFRENICOS DE EVOLUCION PROLONGADA ATENDIDAS EN LA RED DE SALUD MENTAL DE BIZKAIA

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El objetivo del estudio es determinar las necesidades asistenciales no satisfechas de las personas que padecen esquizofrenia atendidas en la Red de Salud Mental de Bizkaia, dependiente del servicio vasco de salud-Osakidetza. Se evalúan pacientes con diagnóstico de esquizofrenia de curso crónico, incluyendo datos clínicos y sociodemográficos, y resultados de la escala HoNOS (Health of the Nation Outcome Scales) para la determinación de la gravedad global y CANr (Camberwell Assessment of Need) para identificar las necesidades. Se utilizará estadística descriptiva e inferencial, considerando significativa una p menor o igual a 0,05. El estudio, actualmente en marcha, prevé disponer de resultados a lo largo de este año que corroboren la hipótesis y los datos disponibles en la bibliografía para otros entornos: Predominio de necesidades identificadas centradas en la atención a los síntomas psicóticos, aislamiento y cuidado del hogar, mayores en personas con comorbilidad, mayores de 45 años y varones. El estudio trata de evidenciar la importancia de la valoración integral de las personas que padecen trastornos mentales graves de curso crónico, y la necesidad de una atención sanitaria y social simultánea, coordinada y estable, y ajustada al principio de continuidad de la atención.

42544

LA QUALITÀ DEI SERVIZI DI SALUTE MENTALE:IL PUNTO DI VISTA FAMILIARE.DATI QUALITATIVI DELL'UNITA DI BOLOGNA NELL'AMBITO DEL PROGETTO CCM:VALUTAZIONE DELLA QUALITÀ DEI SERVIZI CON COINVOLGIMENTO DI UTENTI E FAMILIARI IN QUALITÀ DI VALUTATORI

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Obiettivi: coinvolgere i familiari degli utenti dei servizi di salute mentale nella definizione dei fattori che descrivono nella loro esperienza la qualità di un servizio.



Disegno e metodo: lo studio è parte di un progetto nazionale che coinvolge 6 Dipartimenti di Salute Mentale in 5 regioni Italiane e finanziato dal Centro Controllo Malattie del Ministero della Salute. I familiari sono stati invitati a partecipare a quattro focus group della durata circa di due ore con lo scopo di individuare indicatori di qualità (I.Q.) nell'ambito delle seguenti aree: progetto cura, relazioni, scientifica e organizzazione.

Risultati: Sette familiari hanno accettato di partecipare ai focus group condotti da una psicologa (G.G.) ed hanno individuato i seguenti I.Q.: area del progetto di cura: tempestività e continuità dell'intervento, condivisione e coinvolgimento dei familiari, informazione sulle terapie e servizi offerti, disponibilità di interventi psicoterapeutici e riabilitativi. Area relazioni: ascolto, capacità di mantenere la speranza. Area organizzazione: chiarezza sulle figure professionali disponibili e sulla destinazione delle risorse, interventi a domicilio, promozione dell'associazionismo, meno investimento sul privato sociale. Area scientifica: formazione ai familiari, apertura a modelli alternativi.

Conclusioni: l'esperienza dei familiari può dare indicazioni per il miglioramento della qualità dei servizi di salute mentale.

42551

LA QUALITÀ DEI SERVIZI DI SALUTE MENTALE: IL PUNTO DI VISTA DEGLI UTENTI. DATI QUALITATIVI DELL'UNITÀ DI BOLOGNA NELL'AMBITO DEL PROGETTO CCM: VALUTAZIONE DELLA QUALITÀ DEI SERVIZI CON COINVOLGIMENTO DI UTENTI E FAMILIARI IN QUALITÀ DI VALUTATORI

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Obiettivi: coinvolgere gli utenti dei servizi di salute mentale nella definizione dei fattori che descrivono un servizio di qualità. **Disegno e metodo:** lo studio è parte di un progetto nazionale che coinvolge 6 Dipartimenti di Salute Mentale in 5 regioni Italiane e finanziato dal Centro Controllo Malattie del Ministero della Salute. Gli utenti sono stati invitati a partecipare a quattro focus group della durata circa di due ore con lo scopo di individuare indicatori di qualità (I.Q.) nell'ambito delle seguenti aree: progetto cura, relazioni, scientifica e organizzazione. **Risultati:** Cinque utenti hanno accettato di partecipare ai focus group condotti da una psicologa (G.G.) ed hanno individuato i seguenti I.Q.: area del progetto di cura: attenzione alla qualità della vita, adeguate informazioni e condivisione con utenti e familiari, disponibilità di terapie non soltanto farmacologiche, verifiche periodiche al progetto. Area delle relazioni: clima di fiducia e collaborativo, di ascolto, continuità. Area organizzazione: accesso nelle 24 ore, chiarezza sui servizi offerti, informatizzazione della cartella, collaborazione con altri Servizi e con il MMG, flessibilità in base alle necessità emergenti. Area scientifica: aggiornamento degli operatori (sia per la parte tecnica che umana), produzione di risultati verso la guarigione. **Conclusioni:** l'esperienza degli utenti può dare indicazioni per il miglioramento della qualità dei servizi di salute mentale.

42630

VALUTAZIONE DEL FUNZIONAMENTO GLOBALE E SOCIALE IN PAZIENTI CON DISTURBI DELLO SPETTRO SCHIZOFRENICO: CONFRONTO TRA I RISULTATI OTTENUTI DA OPERATORI PSICHIATRICI DIVERSI

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Introduzione. La compromissione del funzionamento sociale del paziente con disturbi psichici è considerata un aspetto fondamentale per la prognosi di una malattia mentale grave come riportato in letteratura (Harvey et al. 2009). Fino a due terzi dei pazienti con schizofrenia hanno difficoltà a seguire le comuni regole sociali, anche quando i sintomi sono in remissione. Solo una minoranza di essi contrae matrimonio e meno di un terzo possiede un impiego (Bellack et al, 2007). I pazienti affetti da disturbi dello spettro schizofrenico, spesso presentano una compromissione del funzionamento nella vita di tutti i giorni in molte aree. Una valutazione del funzionamento dei pazienti nella vita reale è importante, quindi, per un trattamento migliore e per un esito più favorevole del disturbo. **Scopo.** Scopo dello studio è verificare se esiste una differenza di punteggio nella Valutazione del Funzionamento Globale effettuata da operatori psichiatrici diversi (Medici in Formazione Specialistica in Psichiatria e Tecnici della Riabilitazione Psichiatrica) su un campione di utenti ricoverati consecutivamente presso il Servizio Psichiatrico Universitario di Diagnosi e Cura dell'Aquila. **Materiali**



e metodi. Sono stati reclutati 80 utenti (52 femmine e 38 maschi) con diagnosi di Disturbo dello spettro schizofrenico ricoverati in regime ordinario presso il Servizio Psichiatrico Universitario di Diagnosi e Cura dell'Aquila da novembre 2011 a giugno 2012. Le valutazioni sono state effettuate con i seguenti strumenti: Brief Psychiatric Rating Scale versione 24 item (BPRS 4.0) (Morosini et al., 1995), Scala per la Valutazione Globale del Funzionamento (VGF) (DSM IV-TR, 2000), Scala per la Valutazione Globale del Funzionamento modificata per i Tecnici della Riabilitazione in cui vengono presi in considerazione gli aspetti comportamentali e non quelli psicopatologici, Scala per il Funzionamento Personale e Sociale (FPS) (Morosini et al 1998). Mentre i medici in formazione specialistica hanno utilizzato, per la valutazione del funzionamento globale la VGF i Tecnici della Riabilitazione Psichiatrica hanno utilizzato la VGF modificata e la FPS. **Risultati.** Dai dati finora emersi si rileva un punteggio medio più basso nelle valutazioni effettuate dagli medici in formazione specialistica, indicativo di un funzionamento globale peggiore, rispetto al punteggio medio rilevato dalle valutazioni effettuate dai Tecnici della Riabilitazione Psichiatrica. **Conclusioni e Discussione.** La valutazione del funzionamento globale fa emergere risultati differenti quando effettuata da operatori psichiatrici diversi. Questa differenza potrebbe essere spiegata con il diverso approccio al paziente: più attento all'aspetto psicopatologico il medico in formazione specialistica e più interessato agli aspetti comportamentali il Tecnico della Riabilitazione Psichiatrica. **Bibliografia:**

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42685

GRUPPI OMOGENEI E MISTI DI STAKEHOLDERS NEL PERCORSO DI CAMBIAMENTO DI UN SERVIZIO DI SALUTE MENTALE

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Obiettivo. Descriviamo il contributo al miglioramento del SSM di Reggio Emilia di un gruppo misto e di tre gruppi omogenei di stakeholders attivati parallelamente nel 2011-12 nell'ambito del Progetto CCM Ministero della Salute.

Disegno e metodo. Attraverso un'analisi tematica dei verbali abbiamo cercato concordanze e specificità tra i fattori di recovery individuati dal gruppo misto, e i fattori di qualità dei servizi individuati dai tre gruppi omogenei di utenti, familiari e operatori. **Risultati.** Fattori specifici gruppo misto: cedere potere all'utente; proposte adeguate alla fase del percorso personale. Fattori specifici gruppi omogenei: chiarezza, continuità, personalizzazione (utenti); psicoterapia dell'utente e della famiglia (familiari); spazi di riflessione (operatori); valorizzare talenti personali, confronto tra pari (comune). Fattori concordanti: opportunità diversificate - scelta; programmi verificabili - un obiettivo per volta; diffondere i risultati positivi - speranza; costruire reti - coinvolgersi con gli altri. **Conclusioni.** Gruppi misti e omogenei di stakeholders elaborano in modo sinergico orientamenti di base alla recovery ed esprimono bisogni specifici di utenti, operatori, familiari che permettono di disegnare programmi partecipati: psicoeducazione di base, lavoro per utenti come valutatori, ruolo di facilitatori sociali per utenti e familiari nell'accoglienza dei servizi.

42991

EVALUACIÓN DE LA SATISFACCIÓN DE LOS FAMILIARES DE USUARIOS DE CENTROS DE ATENCIÓN PSICOSOCIAL EN EL SUR DE BRASIL

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El objetivo fue evaluar los resultados de la atención psicosocial desde la satisfacción de familiares de usuarios de Centros de Atención Psicosocial en el sur de Brasil. Es un estudio epidemiológico, transversal, de evaluación de resultados, con muestra de 936 familiares de 30 Centros. El instrumento utilizado fue la Escala SATIS-BR de OMS. Se observó evaluación positiva de todos los elementos, los familiares parecen satisfechos con el servicio de salud mental con un promedio general de 4,3 (desviación estándar 0,4) en escala tipo likert de 1 a 5. En la escala de evaluación respecto al factor 1, los resultados del tratamiento 4,5 (desviación estándar 0,6), acogida y competencia del equipo 4,3

(desviación estándar 0,5), privacidad y confidencialidad 4,2 (desviación estándar 0,5). Esta evaluación satisfactoria resulta que el 88,1% de los familiares volvería a los Centros caso el usuario necesitara y el 89,9% indicaría el servicio a un amigo o familiar. Entre los elementos referidos como aquellos que a los familiares más les gustan están: la atención, 55,4%, y el régimen terapéutico, 15,4%. Se concluye que los familiares están satisfechos con la atención en el servicio y lo recomendarían a sus amigos, un indicativo importante a las políticas públicas.

Stigma, empowerment and social inclusion

38009

IN THE SHADOW OF TERROR: POSTTRAUMATIC STRESS AND PSYCHIATRIC CO-MORBIDITY FOLLOWING BOMBING IN IRAQ

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Background: Whilst research has looked at posttraumatic stress disorder (PTSD) and psychiatric comorbidity among civilians exposed to bombing (e.g. Duchet et al, 2000), there is a lack of longitudinal data on the development of these outcomes and the psychological factors associated with them, particularly among Iraqi civilians. **Objective:** To investigate the trajectory of PTSD and psychiatric comorbidity following bombing among civilians in Iraq. **Method:** One hundred and eighty (F=90, M=90) Iraqi civilians exposed to first time bombing were recruited from the Ministry of Health approximately one month (time 1) after the bombing and five months (time 2) after the baseline assessment. They completed the Posttraumatic Stress Diagnostic Scale and the General Health Questionnaire-28. **Results:** There was a significant decline in the proportion of people meeting the diagnostic criteria for PTSD (n=138 baseline vs 121 follow-up). All psychiatric co-morbid symptoms also declined significantly over time. These findings would be discussed in terms of individual resilience. **Conclusions:** Following bombing, civilians developed PTSD and psychiatric co-morbidity which declined over time.

40601

PATIENTS TREATED FOR PSYCHOSIS AND THEIR PERCEPTIONS OF CARE IN COMPULSORY TREATMENT: BASIS FOR AN ACTION PLAN

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Objective: The purpose of the study was to describe patients' conceptions and experiences of care in compulsory treatment for acute onset of psychosis. **Design and method:** twelve patients with experience of compulsory treatment were interviewed in 2008–2009, and phenomenographic analysis was used to analyse the data. **Results:** two descriptive categories emerged in the results: receiving needed support and perceiving respectful care. Patients perceived that coercive interventions were positive if they were given good care, if they were given the shelter they needed, if they got help with understanding and if the setting was healing. Patients felt respected if they were treated like human beings, if they were allowed to retain as much of their autonomy as possible and if they were invited to participate even though they were under compulsory treatment. **Conclusions:** the results show that it is important to prevent patients from being traumatized during compulsory treatment and to take advantage of patients' inner resources. Patients' experiences of compulsory treatment can form the basis for preparing an individual action plan for future compulsory treatment. Individual action plans could empower patients during compulsory treatment and improve their experience of care.

40685

INSIEME SI PUO': UTENTI PROTAGONISTI DELL'INTEGRAZIONE

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Obiettivi: L'integrazione sociale nei disturbi psichici è difficile, fra stigma e possibili disabilità personali. Occorre creare uno spazio di accoglienza, incontro e condivisione, per valorizzare le risorse individuali,

ritrovare le relazioni sociali e la gestione del tempo, ma anche per informare, sensibilizzare la società, contrastare l'emarginazione. **Disegno e metodi.** Nel 1998 è stato fondato il Club Integriamoci, associazione ONLUS di utenti, ex-utenti e volontari, anche familiari. Svolge attività sportive (pallavolo, calcio, nuoto, ginnastica dolce, canoa), ricreative e culturali. Il suo gruppo teatrale ha messo in scena vari spettacoli, il gruppo sportivo organizza manifestazioni (CamminaMente) e partecipa a tornei e iniziative con altre associazioni e con istituti scolastici. Svolge anche attività di informazione e prevenzione. **Risultati.** I soci che partecipano alle attività hanno minor frequenza di ricovero rispetto al passato, maggiore autonomia personale e migliori relazioni sociali -anche intrafamiliari, maggiore autostima e miglior qualità di vita percepita. **Conclusioni.** Un gruppo di utenti auto-organizzati può risultare un valido strumento per l'integrazione sociale e il benessere personale.

41300

"UTILI PENSIERI": QUANDO IL COMMERCIO NON È UN'IMPRESA.

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Obiettivi: Il progetto "Utili Pensieri" nasce con l'idea di aprire un negozio di manufatti artigianali all'interno del centro cittadino, gestito da pazienti afferenti al Centro Diurno del locale DSM. "Utili Pensieri" si propone di favorire l'integrazione tra psichiatria e territorio in un contesto destigmatizzante, lavorando contemporaneamente al recupero delle autonomie attraverso la valorizzazione delle risorse individuali. **Disegno e metodi:** La Banca delle Marche ha dato in gestione al DSM un locale situato nel corso principale della città per una settimana. Gli articoli in vendita sono stati selezionati tra quelli prodotti nei mesi precedenti dall'attività riabilitativa "Gruppo Ricamo" effettuata al Centro Diurno. "Utili Pensieri" ha coinvolto 14 pazienti. **Risultati:** Fin dall'inizio il negozio ha visto una buona affluenza di clienti, i quali hanno apprezzato la qualità dell'accoglienza e dei prodotti. I pazienti hanno mostrato soddisfazione soggettiva e nessuno ha abbandonato il progetto in corso. **Conclusioni:** La gestione di un'attività commerciale nel contesto cittadino facilita la creazione di reti sociali naturali e, a livello clinico, un rafforzamento dell'assertività e dell'empowerment. Il progetto "Utili Pensieri" non è stato condotto con una metodologia sperimentale pertanto mancano strumenti di verifica standardizzati. La prossima esperienza, già prevista, dovrà tener conto di tali limiti.

41590

ATTIVITÀ DI VOLONTARIATO DI PAZIENTI IN MUTUO-AIUTO: UNA POSSIBILITÀ RIABILITATIVA

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OBIETTIVO Attività di volontariato sociale, svolto da pazienti in riabilitazione psichiatrica, in un rapporto di mutuo-aiuto tra loro, può migliorare il funzionamento psicosociale. **DISEGNO E METODO** Nella riabilitazione di pazienti inseriti nel volontariato in mutuo-aiuto, viene valutato l'incremento delle competenze individuali tramite la scala di valutazione globale del funzionamento. Tre le fasi del percorso:

1. incontri preliminari tra equipe psichiatrica, referenti del Servizio Sociale e pazienti disponibili a volontariato sociale, idonei per grado di invalidità civile e prescrizioni di legge (L.68/99) secondo giudizio delle Commissioni specifiche ed indipendenti dell'Azienda Sanitaria Locale.
2. azioni di accompagnamento dei pazienti, in rapporto di mutuo-aiuto tra loro, da parte di un operatore psichiatrico, presso le persone socialmente svantaggiate segnalate dai Servizi Sociali: ruolo del paziente è fornire supporto al beneficiario, funzione dell'operatore è fornire mediazione e supervisione.
3. quando la situazione relazionale tra i coinvolti consente il distacco dell'operatore, i pazienti proseguono autonomamente, ma sempre in mutuo-aiuto tra loro.

RISULTATI E CONCLUSIONI Presso un Centro dell'Azienda Ospedaliera di Pavia di 32 posti in regime residenziale o semiresidenziale, è stato possibile reclutare cinque utenti idonei alle valutazioni delle Commissioni Azienda Sanitaria Locale; ciascuno dei cinque pazienti ha mostrato un miglioramento dal 30 al 40% del valore iniziale della scala di valutazione globale del funzionamento, probabilmente attraverso un "canale affettivo e metacognitivo".



41615

BRINGING THE OUTER WORLD IN PATIENTS' INNER WORLD: THE EFFECT OF VOLUNTARY SERVICE

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Objective: the help given by volunteers to those with a mental health disease continues to be of particular importance in our reality. In time of economic crisis, they represent a valuable resource and could make a huge difference in patient's daily living. Volunteers bring their insights and personal experiences, skills and talents. We aimed to evaluate subjective well-being of volunteers and patients after a year of continuative voluntary service. **Design and method:** we had two female volunteers. One led a cooking laboratory, while the other started a handicraft laboratory. Every activity involved two different groups: patients with mental retardation and psychiatric patients. Laboratory meetings took place once a week all the year. Occasionally, our volunteers provided individualized sessions. **Results:** the 80% of all our inpatients participated in the group. Our volunteers reported an increase of well-being when they do things that serve others. We observed that doing things together with volunteers has actually strengthened social ties in our patients. **Conclusion:** the employment of volunteers in mental health community reduce stigma through the encounter of different point-of-views. The volunteers could make the patient forget his disabilities and feel in touch with both the inner and the outer world.

41675

THE COMMUNITY ATTITUDES TOWARD THE MENTALLY ILL IN OSAN CITY, KOREA

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Objective. The stigmatization of mental illness is a serious problem affecting patients and their relatives as well as institutions and health care personnel concerned. Stigma is the main obstacle to public mental health services or programs. We evaluated public attitudes toward mentally ill people and associated factors in a middle-sized city of Korea. **Design and Method.** A multi-staged, random cluster sampling method was used to select the survey subjects. Selected residents completed the Community Attitudes towards the Mentally Ill (CAMI) questionnaire and responded to some questions for public awareness of community mental health centers. **Results.** A total of 1100 subjects were recruited. Alpha coefficients for each subscale were 0.52 for authoritarianism (AU), 0.68 for benevolence (BE), 0.7 for social restrictiveness (SR), and 0.83 for community mental health ideology (CMHI), respectively. The mean scores of each subscale were as follows: 33.54 (\pm 4.07) for AU, 25.94 (\pm 4.80) for BE, 30.60 (\pm 5.04) for SR and 29.33 (\pm 6.18) for CMHI.

Female gender, younger generations, higher educational level graduates, and higher house hold income owners were correlated with more sympathetic attitudes toward the mentally ill in some subscales. (BE, SR for female gender, AU, SR for younger generations, BE, CMHI for higher educational level graduates and AU, BE for higher household income owners, respectively.) The experiences of psychiatric treatment were shown to have positive effects on community residents' attitudes to the mentally ill. Residents who had indirect experiences of psychiatric treatment especially reported more sympathetic attitudes in all subscales. In terms of public awareness of community mental health center, 22.7% of all the subjects were aware of Osan city community mental health center and 18.6% had some knowledge of mental health services provided. **Conclusion.** In general, residents of Osan city had a positive attitude towards the mentally ill. It will be necessary to give adequate information and systematic education about mental health for those who have negative attitude in order to overcome stigma. If resources could be made out of individuals from positive attitude groups, community mental health projects will be more efficient.



41836

SPIRAL OF REHABILITATION- AN ICF-BASED BOARD GAME TO SUPPORT EMPOWERMENT OF PSYCHIATRIC PATIENTS

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An ICF-based board game to support self-evaluation and empowerment of psychiatric patients was created. Secondly, tools for planning rehabilitation interventions were developed. The game comprises three spiral shaped boards and question cards that are tagged to certain points on the board. The board game is to be played in groups of 5-6 patients. During the game each patient answers questions based on ICF core sets for mental health disorders. In spring 2012, the game was piloted with 5 patients groups. The game helped patients to concentrate on their strengths and abilities and to see how they could affect their own lives. The game was perceived as an interesting way of developing self-evaluation and social skills as well as giving and receiving feedback. In the staff view the game gave new perspectives to patients' lives. In conclusion, Spiral of rehabilitation-game proved to be a functional and innovative method of supporting empowerment of patients with psychiatric problems. It also showed new possibilities to use ICF in daily practice.

41888

HOW TO TEACH HUMAN RIGHTS IN THE AREA OF DRUGS?

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This article presents an account of the experience on human rights training for the area of alcohol and drugs in Brazil. It took place in the School of Social Works, Universidade Federal do Rio de Janeiro (UFRJ), in 2012, involving twelve meetings. The objective is to raise awareness to the effects of prohibiting drugs that were made illicit and to a commitment to the user's health needs, without reinforcing the demand for a specialist in the care. From a process evaluation held during the implementation of the course in 2012, it was possible to identify that 61% were graduate students from UFRJ, 21% professionals and managers of social policies, 8% field supervisors of training curriculum, 8% community leaders and 2% were developing volunteer work (religious and philanthropic). The meetings were oriented by a theme and made dynamic, on the basis of contents brought by the participants. Some results were identified, such as: the problem concerning the prejudices against drug users, the importance of a whole care that respects human rights, the construction of an individualized care net that considers the user's wish; interdisciplinary practice and the understanding of noticing the political conjuncture, that favors or not specific ways to produce health.

41994

LA CASSETTA: PROGETTO DI RIABILITAZIONE E SENSIBILIZZAZIONE SOCIALE

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Finalità e obiettivi. Gli ospiti del Centro Diurno partecipano alla creazione di manufatti nel laboratorio artistico. I prodotti sono venduti alla Casetta, negozio in centro Pavia, gestito da ospiti con operatori e volontari. Insieme agli aspetti lavorativi e riabilitativi, si attivano occasioni di integrazione e sensibilizzazione della cittadinanza e di promozione di attività socializzanti. **Materiali e metodi.** I laboratori producono: ceramiche, lavori di cucito, manufatti di falegnameria, bomboniere (origami e altro), biglietti augurali, carta riciclata. Il lavoro è diviso in fasi, per permettere a persone con abilità diverse di contribuire. Si attivano borse lavoro su incarichi specifici. Il negozio è aperto a turno da ospiti, eventualmente con borse lavoro, operatori e volontari. **Risultati.** La diversificazione dei laboratori permette agli utenti, aldilà delle abilità, di fruirne con soddisfazione. La possibilità di vendita e guadagno ridistribuito promuovono impegno e gratificazione (versus senso di inutilità). Ubicazione centrale, contatto con la clientela e attività promozionali facilitano integrazione col territorio. **Conclusioni.** Si ritiene che questa filiera accresca il senso di responsabilità e di protagonismo degli utenti, riducendo le occasioni di isolamento ed emarginazione, favorendo partecipazione attiva e consapevolezza del valore del proprio lavoro.

41996

PERCORSO DI SENSIBILIZZAZIONE CON ISTITUTI SECONDARI DI 2° GRADO PER LA PROMOZIONE DELLA SALUTE MENTALE, L'ABBATTIMENTO DELLO STIGMA ATTRAVERSO L'INCONTRO COL SAPERE ESPERIENZIALE

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Finalità e obiettivi: il progetto ha coinvolto attivamente ospiti di Centro Diurno nel percorso di sensibilizzazione rivolto a studenti di Istituti Secondari, finalizzato a promuovere la salute mentale, abbattere lo stigma, attraverso l'incontro col sapere esperienziale. **Materiali e metodi:** Il percorso ha previsto tre incontri per classe: 1- proiezione del documentario sulle attività integrative e riabilitative svolte dagli ospiti; 2- condivisione della esperienza di vita e malattia agli studenti; 3- elaborato-feed-back del vissuto. A inizio e fine: somministrazione agli studenti del questionario sullo stigma (Ministero della salute). **Risultati:** Gli studenti hanno partecipato attentamente; dai questionari si evincono modificazioni - maggiore apertura e sensibilità - dell'atteggiamento verso la tematica. Rispetto agli utenti, il progetto ha evidenziato forte valore riabilitativo, con un'importante ricaduta positiva sull'autostima e sulla possibilità di rendere utile anche la propria sofferenza. **Conclusioni:** Ritenendo che tale percorso sia strumento efficace, poco costoso e altamente riabilitativo, si progetta di riproporlo in più istituti.

42078

USERS OF A MENTAL HEALTH SERVICE: WHAT THEY KNOW ABOUT CITIZENS' RIGHTS

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This is an exploratory descriptive study with a qualitative approach. It aimed at apprehending what users undergoing treatment at a mental health service know about their rights. A semi-structured interview was used as data collection strategy. Five users were interviewed. Thematic content analysis was used for data analysis, and three categories emerged: process of falling ill, experiences of treatment and users' rights. The users reported voluntary and involuntary hospitalization experiences and that, after treatment commencement at the psychosocial care center, they perceived significant changes in mental health care. They reported that they did not know the mental health legislation, but they knew about the rights stemming from experiencing mental disorder. For users to be able to recognize and take advantage of their citizens' rights, awareness must be developed by health care professionals, which also includes their academic education.

42225

IESA (INSERIMENTO ETERO FAMILIARE SUPPORTATO DI ADULTI): UNA PAZZA IDEA

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Obiettivi: Migliorare il ruolo sociale, la qualità di vita, l'autonomia e le relazioni ed una maggior integrazione nella comunità. Dare una risposta alternativa alla "residenzialità psichiatrica" e contribuire alla lotta contro lo stigma. Due esperienze. **Disegno:** Per Inserimento Etero Familiare Supportato di Adulti (IESA), nello specifico dell'area della salute mentale, si intende un percorso terapeutico riabilitativo, dove le persone beneficiano dell'inserimento temporaneo nel tessuto sociale di famiglie diverse da quelle d'origine, a causa di relazioni molto problematiche. **Metodo:** L'inserimento si realizza tramite un PTRI (Progetto Terapeutico Riabilitativo Individuale), sostenuto da Budget di Salute. Il budget di Salute -progetto T.R. individuale- è alla base della costruzione di welfare comunitario inclusivo delle persone a bassa contrattualità sociale, per ragioni di malattia, disabilità, unita alla privazione o perdita di Habitat sociale. **Risultati:** Nel caso di V. ha permesso di riappropriarsi di un equilibrio emotivo tale da vedere il miglioramento della cura del sé, del tono dell'umore e della sua capacità di entrare in relazione con l'altro; è stata una esperienza a tempo determinato, infatti si sono poste le condizioni che hanno permesso un rientro in famiglia di origine. Nel caso di G. l'esperienza, tutt'ora in essere, ha consentito il riappropriarsi di un diritto che gli è stato negato, avere una famiglia, permettendo a G. di poter vivere con serenità la sua terza età.



Conclusioni: Lo IESA ci porta a riflettere sulla necessità di sviluppare modalità alternative a percorsi riabilitativi in contesti istituzionali ed integrative ad altre soluzioni extra-istituzionali. La molteplicità meglio risponde ai diversi bisogni di aiuto delle persone che si rivolgono ad un DSM.

42395

COMUNICARE, ATTIVARE, COINVOLGERE: LA CONVENZIONE ONU PER I DIRITTI DELLE PERSONE CON DISABILITÀ COME STRUMENTO DI PROMOZIONE CULTURALE E LOTTA ALLO STIGMA

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Obiettivi

- promuovere la conoscenza e l'applicazione della Convenzione ONU
- coinvolgere i cittadini nel superamento del modello stereotipato di disabilità
- avviare percorsi partecipati per rispondere ai bisogni delle famiglie.

Disegno e metodo

- Coprogettazione sistematica con le persone direttamente coinvolte: persone con disabilità, cittadini, familiari
- Coinvolgimento persone esterne al mondo della disabilità: tutti coloro che sono a rischio di assorbire la rappresentazione stigmatizzante proposta dai media
- Bellezza e qualità. Ciascun evento è stato curato nei dettagli in collaborazione con artisti, esperti e musei al fine di rompere la connessione che spesso si ritrova tra disabilità e incuria, scarsa qualità
- Coinvolgimento diretto e sistematico di tutte le fasce d'età.

Risultati. 18 mesi di progettazione e coinvolgimento del territorio hanno portato a 60 ore di eventi, spettacoli, convegni, concerti. Oltre 25 partners tra associazioni di persone, di familiari, istituzioni pubbliche, privati, hanno costruito l'evento. Nucleo simbolico centrale è stato il recepimento collettivo da parte dei 7 principali comuni della provincia di Cuneo della Convenzione ONU. 2000 bambini, dai 3 ai 14 anni, hanno partecipato al concorso per le scuole "tutti per i diritti, diritti per tutti". 40 famiglie e 30 giovani operatori hanno avviato la costruzione di un percorso per la vita indipendente. Più di 200 persone hanno partecipato al convegno "Dall'assistenza ai diritti". **Conclusioni.** Senza Muri ha contribuito a superare, a livello culturale, il modello assistenziale proponendo in alternativa il modello basato sui diritti di cittadinanza. L'ampia visibilità degli eventi ha consentito di proporre modelli alternativi a quello stereotipato che vede la persona con disabilità come passiva e priva- quasi ontologicamente- della possibilità di partecipare alla società, contribuendo alla lotta per smontare i processi di esclusione, sia istituzionali che culturali. Contemporaneamente, coprogettare sul territorio apre la possibilità di rispondere alle necessità di avvio di percorsi abilitativi e riabilitativi, costruendo possibilità concrete di autonomia e inclusione.

42486

EMERGENCY CARE UNIT NURSES OF A GENERAL HOSPITAL: STIGMA AND PREJUDICE OF MENTAL ILLNESS

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The mental patient still suffers from prejudice and stigma, due to a context which believes that isolation of the insane could heal the patient. Stigma is defined as the unwanted or pejorative attribute, which results in fear of the unknown and false beliefs, due to lack of knowledge and understanding. This work aims to understand the reasons why nurses at the emergency care unit have stigmatizing attitudes biased against the mentally ill. This work is a qualitative, descriptive and exploratory research. The collect instrument is a semi-structured interview and the subjects are nurses from the emergency unit of a general hospital in São Paulo. The analysis of the interviews unveils that nurses express prejudice and stigmatize the person with mental illness. It is noted that the interviewed nurses have poor college instruction in mental health, and that no training takes place in their workplace. It is concluded that the interviewed nurses expressed a vision of the mad and madness based on ordinary understanding. The lack of specific preparation and continuing education are the possible reasons why nurses remain with a outsider view on psychiatry and the madman.



42512

PERCORSI DI SOCIALIZZAZIONE E INTEGRAZIONE: UN'ESPERIENZA DI AUTOGESTIONE DEL CENTRO DIURNO PRESSO IL CSM DI NARDO

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Scopo. I pazienti psichiatrici vanno sovente incontro a perdita di ruolo, capacità e dignità personali, con marginalizzazione dal contesto comunitario e costi elevati per l'assistenza sanitaria.

Il presente intervento riabilitativo si propone di migliorare:

- funzionamento sociale e qualità di vita di pazienti e caregiver
- la collaborazione tra utenti, familiari, servizi.

Metodo. L'intervento, rivolto ad utenti Schizofrenici e con Disturbi dell'umore, si esplica attraverso:

- creazione di gruppi di social skill training e psicoeducazione
- autogestione del Centro Diurno afferente al CSM (legge regionale 26/2006, art. 9).

L'equipe socio-riabilitativa promuove il conseguimento della capacità di autogestione da parte degli utenti di parte dei contributi erogati per la realizzazione di attività progettuali e di laboratorio (Legge Regionale 34/2009). La promozione commerciale dei manufatti prodotti dai laboratori "Cere" e "A 360" (shoppers in tela) presso fiere e mercatini rappresenta un'ulteriore fonte di autofinanziamento per attività terapeutico-riabilitative. Le attività da finanziare e la quota di budget destinata a ciascuna sono stabilite dagli operatori, utenti e familiari, che rivestono potere decisionale e avanzano suggerimenti e proposte. **Risultati.** 1.Sviluppo di abilità strumentali e sociali; 2.Riduzione del carico assistenziale; 2.Costituzione di un'associazione di auto-aiuto; 3.Potenziamento del network curanti-servizi-familiari.

42560

STIGMATIZATION OF PERSONS WITH MENTAL ILLNESS

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Background: Contemporary understanding of stigma reflects the social attitudes towards mental illness that is deeply discrediting and socially embarrassing. The aim of the current study is to investigate the effect of seemingly normal people with a psychiatric label on the attitude of employees in the health care sector and that of patients hospitalized in other departments. **Materials and Methods:** The study included 218 people. The sample was divided randomly into two groups: group A received a description of the case with a psychiatric label, while group B received the same description of the case but without a psychiatric label. **Results:** We did not obtain a statistically significant difference in the degree of stigmatization regarding the group of professionals and the group of non-professionals ($p > 0.05$). Stigmatization correlates positively with the intimacy of the relationship of the individual with the person labelled as mentally ill. **Conclusion:** The results have reinforced our view that mental illness stigma is not only limited to the lay public. in Professionals of public health sector part of the stigma as well. Therefore, there is a need to educate medical staff on issues of stigma in order to better understand mental illness seriously thriving to its reduction, which would be a key component of improving mental health.

42567

PSYCHIATRISTS' USE OF SHARED DECISION MAKING IN THE TREATMENT OF PSYCHOSIS: THE FARMACI AND FAMIGLIE PROJECT IN BOLOGNA

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Introduction. Authoritative guidelines for the treatment of psychiatric disorders recommend to share the choice of treatment with patient and family/carer in order to improve adherence to the therapy and its benefits. **Aims.** To evaluate the level of treatment sharing among the clinician, the patient and the family in the district of Bologna (Italy). To measure their concordance in the perception of benefits and side effects. **Methods.** For each of the 11 Community Mental Health Centres (CMHCs)



in Bologna, 50 representative users of antipsychotic agents with a diagnosis of psychotic disorders were selected. Patients, their families/carers and their clinicians/nurses were interviewed to assess concordance in the treatment choice and in the perception of benefits and side-effects. After assigning specific scores to each answer, data were analyzed to compare the collected opinions. **Results.** The pilot study performed in 1 CMHC provided the following findings: (1) clinicians and patients declared a high degree of sharing in the choice of the treatment on the basis of benefits (about 2/3 of the pairs), whereas lack of concordance exists on the knowledge of safety profile (40% of patients vs. 92% of clinicians); (2) the concordance on benefit perception between patient/carers and clinicians/nurses is high (in only a few cases clinicians considered drug lower effective than patient); (3) Patient perception of side-effects is encouraging (only scarce and tolerable, in most cases) but the concordance is lower for the negative opinion of clinician or carer. **Conclusions.** Encouraging levels of concordance were found in Bologna CMHCs. Monitoring concordance between clinician, patient and carer on drug benefits and side-effects is essential to schedule local initiatives.

42590

CHILDREN AS NEXT OF KIN, CHALLENGES TO MEET NEW LEGISLATIONS IN NORWAY

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Background. In 2010 Norway got new legislations to meet the needs of children who are next of kins (Health personnel law §10a and Special health service law § 3-7 a). **Objective.** Northern Norway Health Trust established a 3 years project to follow up the changes in law; to identify, inform and give necessary support to children with parents who suffer from mental illness, substance abuse or serious somatic illness. **Method.** The project has assisted in recruiting and training staff with special responsibility for these children. A regional network has been established to support and develop skills and competences. **Results.** By the end of the project more than 220 child-liaison staff have received training and were organized in local support groups. A regional network of coordinators has developed new follow-up procedures to be implemented in the hospitals. The regional Strategic plan assumed funding to employ leaders and coordinators at each hospital. Funding of two PhD candidates have been successfully obtained. They will take part in a larger National study of on the implementation process. **Conclusion.** We have focused on user involvement, information strategies and leader involvement to raise awareness about parent and children needs.

42635

EMPOWERMENT DI UN INSOLITO GRUPPO DI LAVORO

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Il lavoro che presentiamo riguarda il percorso di empowerment di un gruppo di utenti, familiari, operatori, cittadini attivi che insieme collaborano sul tema dell'abitare.

Obiiettivo iniziale del gruppo era quello di documentarsi sulla legislazione in materia, di conoscere esperienze di soluzioni abitative alternative a quelle istituzionali, e, successivamente, di censire le necessità e le potenzialità espresse dal territorio di riferimento.

Nel corso di questa fase 'teorica', la richiesta contingente di un allontanamento dalla famiglia di una paziente ha portato il gruppo a proporsi come referente di un'esperienza innovativa.

Progettando e realizzando un progetto 'pilota', in cui un familiare "esperto per esperienza" ha ospitato 2 utenti del CSM, il gruppo ha rafforzato il senso di efficacia, condividendo le responsabilità e diventando più competente.

Ha monitorato l'andamento del progetto, si è impegnato nella valutazione finale elaborandone gli elementi chiave: il risultato positivo è stato il fattore fondamentale nell'acquisire la consapevolezza di potersi sperimentare in altri progetti innovativi.

Attraverso questo fare nel gruppo si sono meglio definiti i ruoli di ognuno e i confini di competenza, in un clima di fiducia in cui il riconoscimento e la valorizzazione di ognuno ha permesso al gruppo di riconoscersi come una rete.



42675 PEER REVIEWER ROLES FOR CLUBHOUSE STAFF AND MEMBERS: SUPPORTING CLUBHOUSE QUALITY

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Taking on new responsibilities, developing new relationships, and moving towards the path of recovery have been central to psychosocial rehabilitation clubhouses. This project created new roles through the opportunity of staff and members becoming peer reviewers of psychosocial clubhouse operations. **Objectives.** Objectives included to: (a) understand the experience of peer reviewers; (b) educate reviewer son their new role; and (c) support exchange of information among staff and member reviewers. **Method.** The state asked clubhouse directors for volunteers. Of seven expressing interest, four were selected, yielding four staff and four members as reviewers. In-depth semi-structured interviews lasted between one to two hours. Data were analyzed with van Manen's (1990) interpretation of phenomenology. **Results.** Eight themes were identified: (1) willingness to help; (2) training as a critical component; (3) pleased to see good practices; (4) gaining new perspectives on own work; (5) teamwork is essential; (6) value of learning by observing; (7) generating constructive feedback; and (8) experience as rewarding. **Conclusion.** Peer reviewers appeared to have a great deal of satisfaction with their role, considered their experiences a learning process, and were proud of their contribution. The phenomenology of peer reviewing is an important step to explore the role of peers increasing the clubhouse fidelity.

42782 PRACTICAL GUIDELINES ON PEER SUPPORT FOR PEOPLE WITH PSYCHIATRIC DISABILITIES: AN ONLINE SURVEY

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Objectives: peer support is based on the assumption that people who faced and overcome adversities may provide a beneficial support in the recovery of others who are facing similar experiences. This study aims to assess the knowledge of the mental health professionals and consumers on the concept of Peer Support, in order to develop a set of practical guidelines for the implementation of such interventions in Portugal. **Design and method:** study was developed using the Delphi Methodology. The participants took part in an online survey to explore levels of agreement in regards to statements describing major domains of peer support. The expert panel was constituted by mental health clinicians and managers, consumers, and researchers. Agreement on each statement was developed according to a Likert Scale of nine items. In cases of disagreement, participants were asked to support their opinions. Data were analyzed with SPSS'19. **Results and conclusions:** after professionals and consumers of mental health services were inquired, supportive guidelines on the practice of peer support for psychiatric disabilities will be constructed. Consensus was achieved on major statements. Based upon these achievements, key recommendations were developed covering the following areas: 1) goals and principles of peer support, 2) training, personnel, and supervision 3) delivery models 4) evaluation and effectiveness. This national consensus may be used as a starting point for the design and implementation of future peer support programs in mental health organizations.

42785 PROGETTO DI RETE SOCIALE NATURALE UNO PER TUTTI, TUTTI PER UNO

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Obiettivi. I bisogni manifesti di quella ampia fascia di utenti dei servizi psichiatrici territoriali che presentano congiuntamente gravità clinica, disabilità e marginalità sono talmente complessi e multiformi da non poter trovare una risposta pienamente soddisfacente unicamente all'interno dei servizi stessi. In tal senso, all'interno del DSM di Lecce, presso il CSM di Casarano è stato progettato ed è al via per la sperimentazione il Progetto di Rete Sociale Naturale "Uno per tutti, tutti per uno"

finalizzato ad offrire una risposta più adeguata ed efficace alla domanda di integrazione sociale dei pazienti afferenti ad un Centro di Salute Mentale. **Metodi.** Verranno individuati i pazienti a maggiore problematicità psicosociale come indicato da frequenza dei ricoveri e richieste di visite urgenti e da scale di valutazione di psicopatologia generale (BPRS), di adattamento sociale (LSP) e di qualità della vita (SF-36). Il servizio psichiatrico territoriale pur mantenendo la centralità della presa in carico dell'utente, individuerà col paziente un "facilitatore", ovvero una persona esterna al CSM e più inserite nella sua quotidianità del paziente (es. parenti, amici o qualsiasi persona riconosciuta come punto di riferimento importante dall'utente). Dopodiché, i diversi soggetti coinvolti (medico ed infermiere del CSM, facilitatore e utente) concordano un programma individuale che verrà sottoscritto da tutti i soggetti. A questo punto il facilitatore attraverso un percorso psicoeducativo sarà formato in tal senso. Il processo sarà verificato trimestralmente con la presenza di tutti i soggetti coinvolti e monitorato mensilmente o sulla base delle esigenze. **Risultati attesi.** È atteso un sostanziale miglioramento da parte del paziente nel grado di soddisfazione dei suoi bisogni e più in generale nel suo percorso evolutivo, riabilitativo ed emancipativo, come evidenziabile dalla riduzione degli accessi al ricovero, delle richieste di visite urgenti e più specificamente dal miglioramento dei punteggi delle scale di valutazione nel confronto col baseline.

42804

TRA LE BADANTI

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Obiettivi. Elaborare uno strumento adeguato per investigare e comprendere le relazioni di cura di donne anziane in ambito domestico. Descrivere i saperi impliciti sulle relazioni di cura nell'incontro tra badanti e donne anziane. **Disegno della ricerca e metodi.** La ricerca, attraverso un approccio fenomenologico e crossculturale, utilizza come tecniche di raccolta dei dati interviste semistrutturate e gruppi di discussione, sulle relazioni di cura nella situazione domestica tra badanti provenienti da altri paesi, donne anziane e donne della famiglia. La ricerca coinvolge badanti, donne anziane, famigliari con momenti di ascolto individuale e di gruppo; analizza narrazioni letterarie e il linguaggio domestico e dei media; si propone di definire unità di testo significative nella direzione di una teoria contestualizzata delle relazioni di cura. **Risultati e conclusioni.** Potrà essere presentata una prima parte di lavoro, volto a definire gli strumenti di indagine più adeguati e a fornire una prima lettura delle rappresentazioni della vecchiaia femminile in culture diverse.

42827

STIGMA E MALATTIA MENTALE. UNA INDAGINE CONOSCITIVA CONDotta FRA GLI STUDENTI DI CORSI DI LAUREA SANITARIOLIVANI F.¹, ZABOTTO M.², GALIMBERTI C.², BOTTARINI F.², VIGANO' C.², BA G.²¹ U.O.Psichiatria II, A.O Luigi Sacco, Polo Universitario, Milano, ITALY, ² DIBIC Università degli studi di Milano, ITALY

Lo stigma è un processo di discriminazione complesso basato sulla non conoscenza, sulla paura del diverso, su pregiudizi e stereotipi. Diversi studi hanno mostrato fra il personale sanitario pregiudizi e comportamenti stigmatizzanti simili a quelli presenti nella popolazione generale, atteggiamenti che possono avere ripercussioni negative sull'accesso alle cure mediche, sulla aderenza alle stesse, sul decorso della malattia e sulla qualità di vita della persona malata. In questo studio si è voluto valutare le conoscenze e gli atteggiamenti nei riguardi di persone con disturbi mentali fra chi sceglie di lavorare in ambito sanitario. **Obiettivi.** Lo studio è stato condotto su studenti iscritti a 5 diversi Corsi di Laurea (triennali e magistrali) della Facoltà di Medicina dell'Università degli Studi di Milano tra il 2010 ed il 2011. **Materiali e metodi:** a tutti gli studenti che hanno partecipato è stato somministrato un questionario specifico sullo stigma, all'inizio (T0) e al termine (T1) del corso di insegnamento di Psichiatria; la valutazione al termine del corso è stata finalizzata alla valutazione di come e se didattica tradizionale possa aiutare ad avvicinare alla conoscenza non solo teorica della malattia mentale e possa ridurre alcuni pregiudizi. **Risultati:** hanno completato i questionari 161 studenti; essi hanno mostrato sin dall'inizio una buona conoscenza "nominale" delle patologie psichiatriche e un parziale superamento dei pregiudizi di pericolosità sociale, scarsa intelligenza e incurabilità della malattia mentale. residuano Tuttavia pregiudizi sulla trasmissibilità e sulla possibilità di riconoscere atteggiamenti stigmatizzanti.



42898

VALDOSTRANO: L'ESPERIENZA DELLA RADIO COME STRUMENTO DI RIABILITAZIONE PSICHIATRICA IN VALLE D'AOSTA

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Obiettivo: Il Gruppo Radio nasce in via sperimentale nel 2008, con la finalità di coinvolgere gli utenti del servizio psichiatrico in un'esperienza riabilitativa al di fuori dei contesti comunitari, permettendo in tal modo una maggiore apertura nei confronti del mondo esterno con conseguente miglioramento dei legami sociali e riduzione dello stigma connesso alla patologia mentale. **Metodi:** la redazione è composta da utenti e da operatori del Dipartimento di salute mentale, del privato sociale e della Psichiatria. Si riunisce a ogni lunedì dalle 14.30 alle 17.30. Durante l'incontro vengono definiti i contenuti dello spazio radiofonico, tramite la ricerca di materiale (internet, riviste), la redazione dei testi e la scelta di brani musicali. Vengono inoltre predisposte le registrazioni dei pezzi per le singole puntate. Il programma viene trasmesso dall'emittente locale "Radio Proposta in blu". **Risultati:** Gli utenti coinvolti nel progetto sono complessivamente 16. Di questi, alcuni hanno aderito fin dall'inizio e proseguono tuttora; altri sono stati inseriti in fase successiva e stanno proseguendo l'attività; altri ancora sono stati inseriti successivamente e hanno lasciato il progetto per motivi vari (dimissioni, motivi di salute, trasferimenti). Il riscontro degli abitanti della comunità locale è stato estremamente positivo e il programma ha una consolidata nicchia di ascoltatori. **Conclusioni:** l'esperienza nel Gruppo Radio ha permesso ai ragazzi di condividere uno spazio di lavoro, di recuperare capacità acquisite, di apprendere nuove competenze spendibili nel quotidiano. Tutti gli utenti hanno definito l'iniziativa come un'esperienza positiva di condivisione.

42949

PERCEZIONE DEL SELF-STIGMA E STRATEGIE DI COPING

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Il self-stigma porta l'individuo con disturbi psichici ad isolarsi e agisce come fattore antiterapeutico tanto da costituire secondo Finzen (1996) una seconda malattia. Presso l'IRCCS Centro S. Giovanni di Dio Fatebenefratelli di Brescia, è attivo dal settembre 2010 un progetto per la raccolta della percezione dello stigma attraverso il 'Questionario sulle Opinioni degli Utenti dei servizi di salute mentale' (Magliano, L et al., 2009) e la discussione in gruppi psicoeducazionali delle strategie proposte dagli utenti per il superamento di questa problematica. I gruppi sono proposti a tutti gli utenti che accedono all'unità di riabilitazione psichiatrica dell'IRCCS. Il campione è costituito da 159 soggetti. Da un'analisi dei dati preliminari sono state identificate 10 macroaree di fronteggiamento dello stigma. Le strategie di coping più frequentemente riportate in gruppo sono state 'Riconoscimento e gestione del pregiudizio' (83,33%), 'Incrementare l'autostima' (75%) e 'Formati ed informati per informare gli altri' (41,67%). Lo studio evidenzia che il 41,67% del campione riconosce l'importanza del ruolo attivo dei portatori di disagio psichico nel modificare gli stereotipi diffusi a livello pubblico.

43008

GRANT FOR STIMULATING OUTPATIENT CARE, DAY SUPPORT AND INTEGRATION IN RIO DE JANEIRO-BRAZIL

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OBJECTIVE: The aim of this presentation is to show the results of a mental health programme implemented by the Rio de Janeiro Local Authority, in Brazil, called Grant for Stimulating Outpatient Care, Day Support and Integration, or simply Dehospitalization Grant, after exact ten years from its beginning, when the City Law 3400/2002 was approved, launching the programme. The programme main goal is to provide financial support for allowing patients to be discharged from long term psychiatric hospitalizations, to achieve psychosocial rehabilitation in the community. Candidates



should have a minimum of three years of continued inpatient care in statutory or in private units hired by the National Health System (SUS), as the basic access criteria. They may then come back to their original families, or be integrated into a step family or into a supervised residential care unit (a Therapeutic Residential Service - SRT, as it is called in the country), or either go to any other type of housing in the community. The allowance is deposited monthly in the patient's personal bank account, in order to guarantee: basic living standards at the new home, capability to buy daily goods, access to public transport and to circulate in the city. Moreover, financial support stimulates former inpatients to achieve positive valorization within the family and community. METHOD: Quantitative and qualitative data will be provided. In relation to the first, the number of individuals granted will be shown, year by year, according to the grant's type: Type I for those who have gone to a residential service and Type II for those returning to the original family or to other kind of autonomous accommodation, not paid out with statutory funding. Tables and charts also indicate the origin of patients, by the type of psychiatric hospital, if statutory or private unit hired by the National Health System. CONCLUSION: 1 - It is possible to say that the Programme has guaranteed the financial basis to the social reintegration of the 220 granted individuals, taking into account that they are people excluded from the labour market and other types of income; 2 - The fact that the grant value is updated every year, having as reference the National Minimum Wage, keeps its value and the users' affordability; 3 - The fact that the programme is based on and had achieved the status of a City Law shows the public acknowledgment of its importance and relevance for pushing forward the municipal mental health policy, towards the deinstitutionalization strategy. 4 -The above conclusion is evidenced when this Programme is compared to similar ones promoted by the Ministry of Health, which grant does not have such update system and which nominal value is much lower. 5 -The use of a Follow up Biannual Report, produced by the outpatient services where the users have been referred to, allows a regular individual and collective evaluation. 6-The own users or families' testimonies taped for the commemorations of the Programme 10th year of existence, which will be shown in the presentation, constitute important evidence of the grant's impact in their rehabilitation process; 7 - The Programme has contributed substantially to the closure of several psychiatric hospitals, which data will be shown in the presentation, allowing the diversion of its funding to community care.

43034

SERVICES UTILIZATION IN THE PATHWAY TO RECOVERY

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The experimental project of peer to peer support involves a group of psychiatric patients followed by various services of Como Mental Health Department and supported by 'Associazione Nèp, Nessuno è Perfetto'. The project is the story of a path of particularly intense personal growth. Basically, Peer Supporters can help their peers just because of their own personal experience, in other terms: 'they have been there'. Nevertheless, before operating with their peers, they have to be aware of their own path to recovery; furthermore they are encouraged to advocate for their rights, to set life goals and to live autonomously despite disability. Peer Supporters, as a rule, are selected among patients with diagnoses of psychosis, and had a story of multiple hospitalizations in psychiatric wards and residential facilities, or long term Day Centres attendance. After an initial assessment, they follow a rather formal training and then begin a supervised activity with long term mental health services users. The training includes participatory research activity and scientific conferences attendances. A group of 8 Peer Supporters are currently regularly reimbursed by our Program through a non profit organization. Preliminary results show a better quality of life of Peer Supporters themselves, with steadier motivation, and better ability to establish and keep up a relationship. Furthermore, they show better social skills and an improvement of their ability to recognize and manage early signs of a crisis as shown by a reduction of hospitalizations. Further research is needed to evaluate the benefit of Peer Support on the side of the users, though most of them seem to get along and look quite satisfied with the experience.



43087

TRAINING PEER SUPPORT SPECIALISTS

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Introduction. For implementation of recovery oriented practices in Dutch mental health care trained peer support specialists are required. Till so far they were mostly employed as volunteers. Several mental health organisations in the eastern part of the Netherlands requested Saxion University of Applied Sciences to develop a course for peer support specialists with the strict demand that peers should be prepared to be full employees. **Process.** A steering committee and project team was established. All members of the project team were peer specialists from the participating organisations accept the chair and her secretary. Many issues about the position and role of these peers and the commitment of the professionals within the mental health care were discussed. Operating as a supporter/buddy of the client in all kind of care settings was discussed in depth. Following this, the project group described not only a curriculum with the results in visible behavior of the peer/student but also the desired outcomes of this behavior on clients, professionals and peers themselves. **Training course.** 3 prominent/main roles of a peer specialist are described and elaborated to role characteristics, competencies and behavioral indicators. The focus of this training course is on communication and behavior because as a peer, the participant/student knows where the client is going through and understands how delicate communication is with this vulnerable population. Telling your own story is a good first step; using your experience to support others is far more complicated. In the course we will use a case which includes all the theory (and themes) and all relevant skills the peer/student needs to be a full professional among the professional workers in multidisciplinary teams and a real help for their clients. The course contains 13 days of theory/lecturers, 2 days of skills training with simulation and about 15 days practice on the job in one of the mental health institution in the region. A portfolio assessment and a presentation are part of the final examination.

43152

LA TESTIMONY THERAPY

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Uno strumento di clinica transculturale per il trattamento e la cura del trauma conseguente a violazioni dei diritti umani.

La definizione di trauma, nella visione di Boris Cyrulnik, implica due tipi di ferite, una legata all'evento reale, che provoca la sofferenza del corpo e la lacerazione della perdita ed appartiene alle dinamiche interne, l'altra legata alla rappresentazione dell'evento, che provoca il dolore dell'umiliazione o della colpa ed appartiene al mondo dei significati. Per elaborare la prima ferita è necessario attraversare un lento processo di cicatrizzazione/riparazione utilizzando meccanismi di difesa maturi e funzionali, per elaborare il secondo è necessario un lavoro semantico, una ridefinizione del significato dell'evento e della rappresentazione del proprio dolore. Fra i traumi che presentano le maggiori difficoltà di trattamento e di cura vi è quello conseguente alla violazione dei diritti umani, che annovera eventi quali la tortura, la pulizia etnica, l'abuso sessuale, la repressione socio-politica, etc., essendo di estrema difficoltà attribuire un senso a tali eventi e riattivare percorsi funzionali di riabilitazione. Accanto alle modalità tradizionali di trattamento del trauma, è andata sviluppandosi negli ultimi anni una terapia che, lavorando elettivamente sulla dimensione semantica, ha dato risultati incoraggianti. Si tratta della Testimony Therapy, che l'articolo illustra nella sua genesi, nelle sue caratteristiche teorico - metodologiche e in alcune applicazioni realizzate in Europa e in altre parti del mondo da centri privati e universitari. Si tratta di una modalità terapeutica in cui la testimonianza della vittima, raccolta sotto forma di narrazione dal terapeuta, viene socializzata col consenso del paziente per sviluppare nuove comprensioni e rappresentazioni individuali e collettive di storia e identità comunitaria per meglio supportare la risignificazione del trauma. La Testimony Therapy, basandosi sul potere terapeutico attribuito al racconto del trauma, si inquadra sul piano antropologico a livello trasversale, in quanto appartiene ai costumi e ai rituali di molte culture, ove la narrazione unita all'ascolto empatico è usata da secoli per alleviare il dolore del trauma e della perdita e per condividerlo con altri, acquisendo quindi una validità transculturale.



43359 FROM MANAGEMENT TO FACILITATING: THE “CIVIC ORIENTED APPROACH” OF PUBLIC MENTAL HEALTH

SAPIO A.

HP-ASL NA2Nord, Naples, Italy

The “civic oriented approach” is a specific theoretical framework, empowerment centered, aimed at encourage the functional organisation of spontaneous people with psychiatric disorders. We have today many methodological tools (Focus Group, Metaplan, O.S.T. ecc.) to create action groups, focusing on the goal, able to cope with the needs of everyday and greatly improve the quality of life of the members (for example coworking, cohousing ecc.). We hope that this new and valuable practices may be part of the baggage of everyday tools of mental health services.

44054 EUROPEAN MASTER PROGRAMME IN RECOVERY AND SOCIAL INCLUSION

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La malattia mentale e la salute mentale sono tra le principali preoccupazioni dell’Unione Europea e dei suoi cittadini data la sua elevata incidenza e i costi che annualmente vengono segnalati. Un ulteriore punto all’ordine del giorno della UE sono i costi che l’esclusione sociale ha sulle persone portatrici di un disturbo mentale. Il concetto di Recovery sta ormai entrando a pieno titolo nelle politiche comunitarie partendo dal presupposto che sia fondamentale consentire alla persona che ha un disturbo di tipo psichiatrico di riacquistare le competenze personali e sociali nonostante la malattia. Date tali premesse e in accordo con alcuni partner europei (Regno Unito, Polonia, Portogallo) abbiamo messo a punto, grazie al finanziamento della Comunità Europea (LLP), un progetto triennale per la strutturazione di un “European Masters Programme in Recovery and Social Inclusion”. Il master, sviluppato in accordo tra tutti i partner, avrà come focus quattro temi: Innovation in Recovery Theory and Practice; Recovery Research; Leadership and emerging stakeholders in Recovery; Recovery Policy and Legislation. L’advisor del progetto è Larry Davidson dell’Università di Yale. Obiettivi del progetto sono quello di: sviluppare il Master attraverso la realizzazione di sessioni di didattica frontale e interattiva per 7/10 persone per nazione (pilot study); istituire un sistema di apprendimento misto per soddisfare i diversi stakeholders; stabilire le strutture necessarie per l’attivazione congiunta e la validazione del programma, il calendario, le responsabilità centrali e locali per questi obiettivi; sviluppare l’intero progetto su una piattaforma virtuale; permettere l’acquisizione di un titolo internazionale o l’attivazione di un corso internazionale. L’intero Master sarà in lingua inglese.

Physical health

41228 TABAQUISMO EN ESQUIZOFRENIA: ¿PODEMOS TRATARLO?

MARCOS N., GARCIA M., JIMENEZ P., PEREZ J.M., GARCIA B., BRAVO A., PEREZ M., GALINDO M., RUIZ M.

MútuaTerrassa - Fundació Vallparadis, TERRASSA, SPAIN

OBJETIVOS: Evaluar el hábito de fumar según grado dependencia nicotínica, estadios de cambio (Prochaska y Diclemente) y motivación hacia la deshabituación tabáquica; para aplicar el tratamiento más adecuado recomendado por el Departament de Salut de la Generalitat de Catalunya. MATERIAL Y MÉTODOS: Estudio analítico. Población diana 18 usuarios de una residencia de Salud Mental (12 hombres y 6 mujeres) con diagnóstico de esquizofrenia (F.20). Prevalencia tabaquismo en el centro 70%. Variables estudiadas: sexo, nº cigarros/ día, intentos de abandono, media de gasto mensual según Salario Mínimo Interprofesional (SMI), dependencia a la nicotina (Test Fagerström y Test Glover-Nilson), estadios de cambio y motivación para dejar de fumar (Test Richmond). RESULTADOS: Test de Fagerström: dependencia moderada en hombres y reparto de puntuaciones en mujeres (más severa en Glover-Nilson); promedio cigarrillos consumidos diariamente: 11-20. Promedio coste económico: 14,51% del SMI. Precontemplación: 88,9% de sujetos. Contemplación: 11,11% de sujetos.

Test de Richmond: baja motivación. Intentos abandono durante el ciclo vital: 33,33% mujeres frente al 58,3% de hombres. **CONCLUSIONES:** Desalentadores resultados a nivel motivacional en cuanto a deshabituación tabáquica. En intervenciones futuras sería recomendable realizar un programa de sensibilización que promueva un espacio de reflexión sobre el consumo antes de iniciar un programa de tratamiento.

41274

INTERVENCIÓN PSICOEDUCATIVA PARA EL CONTROL DEL SÍNDROME METABÓLICO EN PACIENTES ESQUIZOFRÉNICOS

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MútuaTerrassa-Fundacio Vallparadis, Terrassa, SPAIN

Los pacientes esquizofrénicos presentan alto riesgo de sufrir síndrome metabólico y mayor riesgo cardiovascular como consecuencia de conductas poco saludables. La atención de estos pacientes suele estar centrada en la patología psiquiátrica. **OBJETIVOS.** - Estudiar el riesgo metabólico y cardiovascular en pacientes esquizofrénicos de la residencia Triginta. - Conseguir cambios en hábitos mediante psicoeducación. - Fomentar la actividad física. **PLANIFICACIÓN-METODOLOGÍA.** Pre-evaluación: - Medición de los parámetros del síndrome metabólico. - Conocimientos sobre alimentación, actividad física y autoestima. - Escala de autoestima. Intervención: psicoeducación, actividad física y dieta equilibrada. Post-evaluación: Seguimiento a tres años. **RESULTADOS.** Del 27.27% de pacientes que presentaban síndrome metabólico inicial se pasó al 4.5% tras aplicar el programa. Tras 3 años de seguimiento, se mantienen los mismos resultados (4.5% de casos). **CONCLUSIONES.** La intervención psicoeducativa ha mejorado los conocimientos en hábitos saludables. La actividad física ha facilitado el logro de objetivos y reducido la inactividad propia de estos pacientes. Los sujetos presentaron puntuaciones elevadas en la escala de autoestima, actuando ésta como factor de resistencia al cambio. Tres años después se mantienen los resultados gracias a la realización anual del programa abreviado de psicoeducación, manteniendo la actividad física y la dieta equilibrada en todos los casos.

41292

SIGNIFICANCE OF PSYCHOSOCIAL STRESS AND PSYCHOSOCIAL FACTORS IN CURRENT STRATEGY OF CARDIOVASCULAR PREVENTION AND REHABILITATION

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Objective: to assess significance of psychosocial factors of cardiovascular risk (FR) in patients with AH and IHD. **Material and methods:** We have examined 800 patients (51,5±7,4 years) with AH and IHD previously observed by cardiologist, hospitalized into borderline states department for severity of neurotic and affective disorders. **Results:** Methods of logistic regression have identified predictors where along this car-diovascular FR (AH, dyslipidemia, obesity, smoking, heart rhythm disturbances, left ventricular hypertrophy, metabolic syndrome, diabetes mellitus, family history etc.), stepwise algorithm has included a number of psychosocial factors. Of most significance was experienced psychosocial stress (p=0.0001), promoting formation of neurotic dis-orders (reaction to severe stress, adjustment disorders, anxious disorders, mixed anxious and depressive disorder), affective disorders (depressive episode). Negative factors of family-household character are more inherent in women (p=0.001), enterprise and medical – in men (p=0.001). Women were characterized by fixation on psychotrauma-tizing situation, depressive type of reaction; men – non-satisfaction with physical state, anxiety-depressive or anosognostic reactions. Predictors were as follows: age of onset of mental disorder (p=0.0001) and its length (p=0.0001); correlation of age of onset and length of mental and cardiologic pathology (p=0.0001); psychopathologic syndrome with leading depressive, anxiety, anxiety-depressive symptoms (p=0,0001); severity of psychosocial stressor factors (p=0.0001). **Conclusions:** Psychosocial stress and psychosocial factors should be taken into account for assessment of cardiovascular risk and prognosis of socially significant CVD, devel-opment of perspective strategies of prevention and rehabilitation during interaction of cardiologist and psychiatrist.



41567

PSYCHOSOCIAL SUPPORT PROVIDED BY OCCUPATIONAL THERAPISTS FOR CONVALESCENT PATIENTS WITH CEREBROVASCULAR ACCIDENTS

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Objective The purpose of this study was to determine which kind of psychosocial support is provided by occupational therapists to convalescent cerebrovascular accidents (CVA) patients in rehabilitation hospitals. **Design and Methods** The subjects of this study were 7 occupational therapists with more than 5 years' clinical experience of working in rehabilitation hospitals. Semi-structured interviews were conducted and the interview contents were analyzed. **Results and Conclusions** The following 11 categories were extracted: "to make an effort to understand patients," "to accept patients' feelings," "to establish relationships with patients," "to stay with patients' feelings," "to evoke the patients' power to live," "to provide support considering patients' future lives," "to motivate the patients," "to help patients to have hope," "to encourage patients to understand themselves," "to support patients by the whole treatment team," and "to provide support involving patients' families." The occupational therapists recognized the importance of providing support considering the patients' future lives. In addition, they thought that patients should acquire skills to adapt to life after discharge, so that it would serve as a foothold for overcoming their disabilities. To provide the treatment and training necessary for this purpose, they carefully took psychosocial approaches tailored to individual patients.

41581

MEJORA DE LA CALIDAD DEL SUEÑO DEL PACIENTE CON TRASTORNO MENTAL GRAVE: 10 AÑOS DE INTERVENCIÓN

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MútuaTerrassa- Fundacio Vallparadis, Terrassa, SPAIN

Se analiza la evolución del sueño de quince usuarios de una residencia para personas con trastorno mental grave (TMG). Éstos han sido evaluados periódicamente durante diez años. **OBJETIVO:** El principal objetivo es evidenciar si la intervención en la normalización del sueño tiene efectos positivos, subjetivos y objetivos, en la calidad del sueño, y si se generalizan en la mejora de la calidad de vida. **METODOLOGIA:** Esquema de intervención en el descanso nocturno:

1. Percepción subjetiva
2. Observación por parte del personal del turno de noche
3. Valoración del descanso (Cuestionario Oviedo de sueño y Cuestionario para la evaluación de la calidad del sueño)
4. Intervención (terapias conductuales, higiene del sueño y tratamiento farmacológico)
5. Evaluación continuada

RESULTADOS: Casi todos los usuarios han mejorado en su descanso nocturno. Se observan mejoras en su percepción subjetiva así como en los factores objetivos evaluados: mayor calidad del sueño, horarios regulados y disminución significativa del uso de medicación hipnótica. Por otro lado, el funcionamiento general de estos pacientes también ha mejorado. Los casos de mejoría leve mantienen la misma percepción deficiente que aparecía previa al ingreso en la residencia. **CONCLUSIONES:** La intervención global sobre todos los aspectos del sueño en el ámbito residencial tiene una incidencia positiva sobre la población con TMG.

41842

SALUTE MENTALE E STILE DI VITA: RISULTATI DI UN PROGRAMMA TERAPEUTICO-RIABILITATIVO SU NUTRIZIONE, BENESSERE ED ESERCIZIO FISICO IN UN DSM

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Introduzione. Gli Autori presentano un progetto psicoeducazionale effettuato nel Dipartimento di Salute Mentale ASL Lecce, rivolto al raggiungimento di uno stile di vita sano, e in particolare all'approfondimento di aree quali la nutrizione, il benessere e l'esercizio fisico. **Disegno e metodo.**

I destinatari sono soggetti affetti da disturbi dello spettro schizofrenico o da disturbo bipolare in trattamento con antipsicotici. Il programma, suddiviso in diversi moduli, è stato svolto presso le unità operative del DSM (SPDC, CSM, residenze). Ha previsto vari step, una raccolta dati (con utilizzo di questionari sullo stile di vita e valutazione di parametri clinici, ematochimici ed eventuali effetti collaterali) e incontri psicoeducazionali. **Conclusioni:** Oltre ai risultati raggiunti in termini di miglioramento dello stile di vita, si è assistito alla costruzione di dinamiche relazionali "sane" che hanno portato ad una maggiore capacità di analisi e critica rispetto agli argomenti trattati. E' emersa la tendenza del gruppo all'aiuto reciproco e all'invio di feedback positivi nei riguardi di pazienti con vissuti problematici, con una funzione catartica sull'emozione espressa.

42393

CAN A CITIZEN ACCOMPANIMENT PROJECT FOR COMMUNITY INTEGRATION OF PEOPLE WITH TRAUMATIC BRAIN INJURY FOSTER RESILIENCE?

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Objective: To evaluate the effects of an individualized community integration (CI) accompaniment post-rehabilitation that seeks to promote the resilience of individuals with TBI in order to help them maintain or improve their ability to complete activities of daily living and to enjoy leisure activities. **Research Design:** Participative and collaborative research relying on unique case study. Data is collected at four different times: before the start of the accompaniment, and at 6, 12 and 15 months. Each participant is compared to him/herself and then to the group. Setting: An individualized accompaniment of individuals with a TBI by citizens who are not healthcare professionals, to help motivate them to accomplish leisure and everyday activities with as much autonomy as possible. Participants: 14 people with a TBI on the Glasgow Coma Scale as well as one of their relatives. Participants with TBI have completed their rehabilitation; have returned to living independently with no post-rehabilitation services; and have unfulfilled needs regarding leisure and everyday activities. Intervention: Accompaniment in the community 3 hours a week for 12 months. Main Outcome Measure: ADL Profile, Profile of leisure activities, medical history, journals of the people accompanying, interviews. **Results:** Preliminary results show that the participants are more motivated to take part in leisure activities. Some are using tools to plan their activities and have a better socialization. Detailed results will be presented. **Conclusion:** This project contributes to the development of new intervention practices to better support the community integration of these individuals and their resiliency development.

42433

PREVENTING FUNCTIONAL DECLINE OF FRAIL ELDERLY FOLLOWING MILD TRAUMATIC BRAIN INJURY (MTBI)

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Previous studies indicate that adults aged 65 or more are particularly at risk of developing complications, depression and decline in their functional abilities following brain injury, even a mild one, and that risk increases with age and the presence of co-morbidities before the accident. **Objectives:** To assess the effects of the Citizen Accompaniment for Community Integration (CACI) intervention on the capacity of frail elders at risk of functional decline post-MTBI to resume their activities of daily living (ADL), leisure activities and social participation. **Design and methods:** Multiple case study design (n=20), each case being defined as: an elder at risk of functional decline post-MTBI, his/her own medical and social history, environment and evolution through the CACI. Two cohorts of elders will be accompanied weekly for one year by trained citizens from the community: ten cases of



early intervention (less than three months post-MTBI) and ten cases of late intervention (more than three months post-MTBI). Evaluation data will be gathered at baseline, three, six and twelve months using the ADL Profile, the Leisure Profile and in-depth interviews with the elders, reports of activities by the citizen guide and minutes from the interdisciplinary team responsible for managing the whole project. Three levels of analysis will be performed: intra-case, intra-group and inter-group. **Expected outcomes:** Preliminary results from a previous study among adults with moderate to severe TBI show improvements or maintenance in ADL, leisure and social participation. Similar results are expected from this study among elders with MTBI. **Conclusion:** Studies on interventions post-MTBI to prevent functional decline among elders at risk are sparse. The proposed intervention, tailored to the specific needs of these elders and validated through a rigorous research process, could be transferred to other elders or other high risk groups on the MTBI continuum of care.

42563

GENDER DIVERSITY IN CANNABIS USE AND AGE OF ONSET IN FIRST EPISODE OF PSYCHOSIS

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INTRODUCTION: cannabis use is related to psychotic disorders and is associated with an anticipation of the age at onset. This paper aims to investigate the possible different role of cannabis in affecting the age at onset in males and females. **METHOD:** We used information on age at onset from 407 and 163 cases presenting with a first episode of psychosis to the South London & Maudsley National Health Service Foundation Trust and to the West Bologna Health Centres respectively. Cases were divided by gender and by current cannabis use in comorbidity or not with other drugs. **RESULTS:** Users show an earlier age of onset of psychosis; male gender is at highest risk and the two main factors affecting the risk are "gender" and use of "only cannabis". Men "only cannabis" show the highest risk of anticipation ($p=0.01$). Within the female group, women "cannabis and/or other substances" have an earlier onset compared to women "only cannabis". **DISCUSSION:** Our findings suggest that men have a greater vulnerability to cannabis. In men cannabis use is an important risk factor related to an earlier onset of psychosis whereas in women there is evidence only when cannabis is consumed with other drugs. Cannabis seems to act differently in men and women and further investigations need to focus on these differences and to investigate whether there are factors in the female gender that regulate or modulate the psychotropic effect of cannabis.

42653

PALLIATIVE CARE IN REACH OF THE VULNERABLE PSYCHIATRIC PATIENT

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Objective:

An explorative research among professionals, patients and relatives on palliative care for people with a psychiatric disorder. Inventarisation of further research questions among patients, relatives and experts in mental health, general health and palliative care. **Design and method:** Four groups of clients were formed and all of them were included in the five parts of the project: 1. Focus groups with different medical professionals to gather information about their experiences in treating psychiatric patients in a palliative phase. 2. By using a questionnaire, professionals were asked how many patients they have treated in the past year with a psychiatric disorder and the need for palliative care. 3. Interviews with professionals about their experiences with these patients. 4. Interviews with patients about their experiences in receiving palliative care. 5. Focus groups with relatives.

Results and conclusions: Offering palliative care to patients with a psychiatric disorder is essential, further research needs to be done for embedding this care in fields of health care. Mental health professionals are developing different methods and courses but all of them are in a premature phase. Medical professionals presented clear ideas about the contents of these methods and the obstacles they faced when treating these patients, especially in communication. Professionals with different backgrounds need to work together in these cases and that makes treating these patients complex.

42777

STUDY OF PATIENTS WITH FIBROMYALGIA AND DEPRESSIVE EPISODEBALMON CRUZ C. ¹, DORADO PRIMO J.A. ¹, DORADO BALMON L. ²¹ Mental Health Clinic Management Unit, Córdoba, SPAIN, ² Psychology, Seville University, SPAIN

Objective: it is a descriptive, observational and transverse study that pretends to investigate diverse psychopathological aspects comparing two groups of patients diagnosed of Fibromyalgia, who are derived to ambulatory services of mental health for valuation and eventual treatment, by means of a battery of tests internationally accepted. **Method:** in the first consultation in addition to clinical evaluation of our investigation team, we have used questionnaires in relation to 143 socialdemographic, demanding of consultation and clinical – therapeutic variables. Likewise, we have applied the following battery of tests: FIQ (Fibromyalgia Impact Questionaire), BDI (Beck Depression Inventory), HARS (Hamilton Anxiety Rating Scale), Detection of the Disorder of Somatization of Othmer and DeSouza, WHOQOL-BREF (WHO Quality of Life), PSQI (Pittsburg Sleep Quality Index) and CGI (Clinical Global Impression).

To compare effects we have established two groups:

Group 1: Patients with depressive episode

Group 2: Patients with different diagnosis.

We have also applied central tendency and dispersion measures to the quantitative variables establishing comparisons and degrees of correlation. The qualitative variables have been subjected to basic statistic tests, with frequency tables, determination and comparison of percentages and use of Chi-square.

It has been accepted a significant level of 5% considering the null hypothesis if $p > 0,05$.

Results: in relation to the 84 patients initially evaluated by the different tests, all of feminine gender, we have established two groups:

GROUP 1: 52 patients

Variables with higher scores showing a significant difference compared to group 2.

- WOQOL-BREF 8 ($p < 0,05$). Domains quality global of life ($p < 0,001$) and physical health ($p < 0,05$)

- FIQ < 70 ($p < 0,001$)

- CGI markedly ill ($p < 0,05$)

- The applicant's mental health consultation is the primary care physician ($p < 0,001$)

- Without previous history of psychiatric ($p < 0,05$) or emotional traumas ($p < 0,001$)

- The diagnosis of fibromyalgia is less than 6 months ($p < 0,05$)

- Fibromyalgia symptoms are associated with burning or swelling of hands and feet and no headaches and anxious legs syndrome ($p < 0,05$)

- History of diabetes and absence of cataract ($p < 0,05$)

- NSAID treatment ($p < 0,001$)

- Snuff abuse ($p < 0,05$).

- Dependence on mobile phone ($p < 0,05$).

- Positive correlation between the scores of the following numerical variables:

- BDI and HARS 0,72

- HARS Psychic anxiety and PSQI domain drugs 0,7

- Questionnaire Othmer and De Souza and PSQI domain drug 0,72

- Social relationships and environmental domains in WOQOL-BREF 0,73.

- Association between qualitative variables within the group

- Work activity with headache ($p < 0,001$)

- Personal psychiatric history with family psychiatric history ($p < 0,05$)

- Personal psychiatric history with history of traumatology somatic ($p < 0,001$)

- Background somatic circulatory and burning or swelling in hand and feet ($p < 0,001$)

- Somatic trauma with a history background digestive somatic ($p < 0,001$)

- Somatic trauma with NSAID therapy ($p < 0,05$)

- Suicidal ideation and FIQ > 70 ($p < 0,001$).

GROUP 2: 32 patients.

Variables with higher scores showing a significant difference compared to group 1

- Average age 55,5 old years ($p < 0,05$)

- Major number of children ($p < 0,001$)

- WOQOL, major punctuation in quality of global life ($p < 0,001$)

- The time of diagnosis of fibromyalgia before coming to the consultation of mental health is lower



- than 6 months or superior to 5 year ($p < 0,05$)
- Presence of alteration of memory ($p < 0,001$)
- Presence of diabetes mellitus ($p < 0,05$)
- Diagnosis of depressive episode ($p < 0,001$)
- Dependence of the mobile phone ($p < 0,05$)
- PSQI good sleeping 0-4 ($p < 0,05$)
- FIQ 61-70 ($p < 0,05$)
- WOQOL 60-100 ($p < 0,001$).

Conclusions: the differences existing between both groups of patients with fibromyalgia with different degree of gravity, are very interesting and unexpected. We need to continue investigating this type of studies to identify better the psychopathology of these patients, and be able to realize a better boarding and a more individualized treatment.

42909

DENTAL ANXIETY AND ORAL HEALTH CARE IN INDIA

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This study examines how stress and anxiety affect an individual with regard to dental care. Due to negligence regardless of age or gender one tends to avoid treatment at the right time, leading to an aggravation of the problem. 116 (66 male and 50 female within the age group 6-45 years residing in Shimla, India) of which 72% were patients undergoing treatment for medical problems responded to the Dental Anxiety Scale (Corah's DAS-R, 1998). Major findings indicate that most patients undergoing treatment for chronic diseases and others (12%) who had undergone major to minor surgery were somewhat apprehensive for any kind of treatment for their gums and teeth. Dental anxiety strongly predicted oral health as was evident from the analysis on healthy people in spite of information of modern dental treatment devices. Subjects reported (12% children and 49% adults, mainly women) that they were ready to adopt oral care devices like flossing, brushing, and avoidance of unhealthy food or intermittent eating if that could ward off consulting a dentist. Such a study shows the importance of oral health care regardless of gender or age but the main issue lies in overcoming anxiety.

43013

AN APPLE A DAY KEEPS THE DOCTOR AWAY: EDUCATIONAL INTERVENTION FOR EATING HABITS IN PSYCHIATRIC PATIENTS

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Objective: it has been demonstrated that a healthy diet foster substantial health gains. Long-stay psychiatric patients usually present a higher mortality and morbidity and an increased number of modifiable health risk factors compared to the general population. Health promotion has an important role to play in reducing these risk factors. Psychoeducation on weight management and healthy dietary choice represent an unexpensive intervention and should be available to all long-stay psychiatric patients as part of routine treatment. Our project was developed to answer to patients' need and desidero to know more about a healthy diet. **Methods:** The psychoeducation program was delivered in 13 weekly sessions. Each sessions lasted 45 minutes. At the beginning of each session, a brief summary of the previously discussed topics was provided. The program was divided in two parts: the first six sessions focused on healthy eating knowledge, skills and behaviours, especially providing nutrition basics, healthy food purchasing, and menu planning. The last seven meetings tried to provide an understanding of the relationships between healthy eating, body perception, and mental illness. Each session is conducted by a psychologist and educationist. Several instruments are used: blackboard, colour pencils, photos, vignettes, and games (i.e. Memory using food). **Results:** 13 patients participated in this group. Patients reported a high satisfaction level. They also create a Community kitchen where people gather together to cook and share the food they've created. **Conclusion:** psychoeducation seems a cost/effective method to improve patients' health. Community Kitchen provide a great space for ongoing peer support.

Old and new techniques in rehabilitation

39634

LES CONSÉQUENCES DU TRAUMATISME CRANIOCÉRÉBRAL MODÉRÉ OU GRAVÉ: ACTIONS A PRIORISER EN VUE D'UNE ADAPTATION PSYCHOSOCIALE OPTIMALE

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Les personnes subissant un traumatisme craniocérébral modéré ou grave (TCC MG) vivent souvent avec des pertes significatives aux plans physique, cognitif et psychologique (Lefebvre, Cloutier, et Levert, 2007; Shaw, Chan et Lam, 1997). Malgré les changements importants dans l'accomplissement de leurs habitudes de vie, certains de ces individus traversent positivement cette épreuve et parviennent à reprendre le cours de leur vie. Des études se sont intéressées aux ressources individuelles et environnementales favorables à l'adaptation de la personne TCC MG et de sa famille à la nouvelle condition de santé (Friborg, Barlaug, Martinussen, Rosenvinge et Hjemdal, 2005; Luthar et Cicchetti, 2000). Toutefois, les aspects reliés à la résilience demeurent peu documentés. La présente communication expose les résultats préliminaires d'une étude doctorale portant sur les pistes d'actions favorisant l'adaptation psychosociale et la résilience des personnes ayant subi un TCC MG. Reposant sur une méthodologie qualitative, les résultats sont issus de consultations de groupes respectivement composés de personnes ayant subi un TCC MG, de professionnels de réadaptation et de proches aidants. Les conclusions démontrent que, peu importe la position du partenaire, certaines actions sont à initier, d'autres à maintenir afin de soutenir ces personnes à développer leur potentiel d'autodétermination, d'appropriation et de résilience.

40614

YOUTH COURT AS AN INTERVENTION TO REDUCE RECIDIVISM OF YOUTHFUL OFFENDERS IN THE UNITED STATES

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Objective: To evaluate an innovative youth court in the United States to determine if the program which is operated by youth, for youth, is effective in reducing recidivism of youthful offenders, age 12-17. **Design and method:** Data were collected on a sample of 120 youth, 55 who went through the youth court and 65 who did community service only. A mixed method design, incorporating both quantitative and qualitative data elements was used. The two groups were matched on age and gender and a national sample served as a comparison group. Measurement included standardized instruments, chart reviews, and face-to-face or telephone interviews with multiple sources including participants and their families, volunteers, probation staff, and program staff. **Results and conclusions:** Findings for recidivism showed no significant difference between the youth court and community services program. However, comparison of both groups with the comparison group showed that the two programs had a significant lower recidivism rate than did the overall comparison group. Furthermore youth court participants were less likely to have been placed in a residential setting than the community service youth.

40818

NON CONVENTIONAL PSYCHIATRIC REHABILITATION: THE ROLE OF THE HORSE ASSISTED ACTIVITIES. RESULTS OF A TWO YEARS MULTICENTRE RESEARCH

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The authors would like to discuss how an unconventional rehabilitation activity, such as therapeutic riding is, can play an important role in psychiatric rehabilitation of psychotic patients. They will present and discuss the results of a two-years multicentre research in which forty patients have been



enrolled, with diagnosis of schizophrenia. The patients, both in early onset that in chronic disease, have been regularly submitted to therapeutic riding sessions and tested at the beginning and the end of the treatment with a validated test battery (bprs, 8- items panss, sf 36, tas). compared to other animal assisted therapies, therapeutic riding compounds physical activity to emotional/ cognitive components. Such a combination makes this activity highly suitable for patients in need of a high degree of stimulation, allowing for the type of cognitive and emotional rehabilitation, which is particularly meaningful in the case of schizophrenic patients. The results presented seem to point out an improvement of negative symptoms, a constant disease remission both in early onset and chronic disease subjects, as well as a reduced rate of hospitalization.

40861

A METHODOLOGY TO MEASURE THE IMPACT OF ENVIRONMENTAL FACTORS ACCORDING TO ICF IN POST STROKE PATIENTS: A PILOT STUDY

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Objective: The present study aims to propose a methodology based on the International Classification of Functioning Disability and Health (ICF) to measure the impact of environmental factors in post stroke condition. **Design and method:** The assessment instrument was developed based on the methodology proposed by DeVellis (2003): 1) a multidisciplinary team elaborated the items, determined the format and the answer options 2) a group of experts assessed their suitability and a pre-test was made using qualitative techniques in a sample of 25 individuals 3) the instrument was administered in a sample of 30 individuals with post stroke condition. A descriptive analysis of the results was performed and the inter-observer reliability was assessed. **Results:** An assessment instrument using the second level categories of the environmental factors first chapter (products and technologies) was developed. This instrument includes three measure axis: (i) frequency, (ii) Intensity and (iii) Interference. In all categories the instruments showed the existence of inter-observer reliability. **Conclusion:** This work was an effort towards ICF operationalization, using its underlying concepts. Strategies of assessing the impact of products and technologies in post stroke patient needs to be deepen. Further work is needed to assess the reliability and validity of this assessment tool.

40905

10 YEARS OF INTERVENTION MODEL: TRIGINTA, A HOME FOR PEOPLE WITH SEVERE MENTAL ILLNESS

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Residence Triginta offers residential care to adults who suffer severe mental disorders, they are autonomous and psychiatrically stabilized. Our goal is to help them get the necessary skills conducive to increased quality of life and which foster supportive connections in the community. It has 30 places.

Objective: Show a model of approach to the severely mentally disabled showing impact on psychosocial and psychopathological areas along 10 years. **Design:** Shows Triginta data: Educational intervention: daily life activities, health and social care needs assessment, self-care habits, sports, cultural workshops; Rehabilitative activities: memory workshop, cognitive rehabilitation, creative writing, social skills, animal assisted therapy; Assessment tools: tutorial system, individual program intervention. **Method:** Descriptive and longitudinal study which describes the following variables over 10 years : number of admissions and length of stay in the acute psychiatric unit, activities attendance, people who return home with their families or go to a supervised home, use of community resources. **Results:** Based on the outcome, the variables used are: Psychiatric admissions: 7, average stay 31.7 days (7-131); Standardized use of community resources: 20; People who return to family home /go to a supervised home: 12; Attendance activities: 79%. **Conclusions:** The intervention model of Triginta shows results in psychosocial and psychopathological areas throughout its 10 years.



40973

EMPODERAMIENTO Y REHABILITACIÓN PSICOSOCIAL EN PSICOSIS: ESTUDIO DE CASO

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Objetivos: el concepto de recuperación es un constructo complejo que implica un aumento del funcionamiento psicosocial y una mejora de la calidad de vida, objetivos que trabajamos en nuestra Unidad de Rehabilitación Hospitalaria a través de estrategias basadas en el empoderamiento. **Planificación y método:** se realiza el seguimiento de un caso clínico a través del PIR (plan individualizado de rehabilitación) diseñado para el mismo, desde el ingreso hasta el momento actual. El instrumento de medida será la Escala de Funcionamiento Personal y Social (PSP) aplicada en dos tiempos: al ingreso y próximo al alta. **Resultados:** la puntuación final de la PSP al ingreso fue de 33 puntos, lo que sitúa al paciente en el rango de 70-81: discapacidades manifiestas. La puntuación final obtenida en el último mes ha sido de 78 puntos, situándose en el rango de 90-100: dificultades en el funcionamiento leves. **Conclusiones:** sea el tipo de evaluación y tratamiento que sea, un servicio de rehabilitación que quiera promover la recuperación debe estar organizado alrededor del usuario, implicándole activamente en su proceso individual, respetando sus deseos y su derecho a elegir y alimentando sus posibilidades para crecer como persona.

40979

ESTUDIO DE UN CASO DE TRASTORNO DE LA PERSONALIDAD EN REHABILITACIÓN PSICOSOCIAL

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Objetivos: Desde los dispositivos de rehabilitación psicosocial nos enfrentamos cada vez con mayor frecuencia al tratamiento de casos de trastornos de la personalidad. Estos casos suponen un desafío a nuestras estructuras de intervención, obligándonos a flexibilizar los programas terapéuticos y las actuaciones de los diferentes profesionales para adaptarnos a la heterogeneidad de nuestros pacientes. En este trabajo presentamos el análisis de un caso complejo de trastorno de la personalidad grave y prolongado, con un gran deterioro funcional asociado, desde una unidad de rehabilitación hospitalaria. **Planificación y método:** Se utilizaron medidas estandarizadas para valorar la evolución de la paciente después de un periodo de dos años de tratamiento: batería de evaluación neuropsicológica y PSP (Escala de Funcionamiento Personal y Social). Se utilizaron estrategias de intervención con un grado creciente de implicación y responsabilización de la paciente, aumentando su capacidad de decisión. Es un diseño de caso único con comparación de medidas en el momento del ingreso y en el momento actual, próximo al alta. **Resultados:** - Deterioro cognitivo moderado. - PSP: Resultados al ingreso de 21 puntos, resultados próximo al alta de 55 puntos. **Conclusiones:** Se ha producido una mejoría significativa en el funcionamiento que le permite llevar una vida más satisfactoria a pesar de los apoyos requeridos.

40991

UN PROGETTO RIABILITATIVO PSICHIATRICO A MEDIAZIONE CORPOREA NEL SERVIZIO PSICHIATRICO DI DIAGNOSI E CURA

NICOLI C.

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OBIETTIVI. Sperimentare e costruire un progetto riabilitativo a mediazione corporea per pazienti psichiatrici adulti. **DISEGNO E METODI.** Il progetto di ricerca, si è svolto per tre anni in SPDC. Il metodo utilizzato, G. Courchinoux, Corpo e Coscienza, riprende i principi fondanti della riabilitazione in senso posturale, neuro-motorio, emotivo ed energetico, integrati ai fondamenti della Medicina Tradizionale Cinese. I tecnici della riabilitazione hanno testato i pazienti. **RISULTATI.** Il lavoro ha permesso di



migliorare il benessere di pazienti psichiatrici acuti ricoverati, potenziare l'alleanza con i curanti, normalizzare l'atmosfera del reparto. **CONCLUSIONI.** Riteniamo che le priorità nell'ambito di un ricovero siano, oltre all'efficienza e all'efficacia dei trattamenti, l'umanizzazione e la personalizzazione delle cure. L'esperienza svolta ha migliorato il clima all'interno del reparto ospedaliero, sorpreso positivamente sia familiari che utenti e potenziato la rete di interfaccia del reparto.

41181

REHABILITATION ASPECTS IN NEUROCOGNITIVE TREATMENT

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Neurocognitive deficits in schizophrenia patients is a major health and social problem of modern psychiatry. Many highly disabled schizophrenia patients are of working age. That is why this problem is of very high social and medical importance. **Objective:** to study the influence of neurocognitive training on higher cortical functions in schizophrenia patients and to evaluate its effectiveness in the treatment of schizophrenia. **Material and Methods:** we formed groups of patients diagnosed with paranoid schizophrenia undergoing treatment in the departments of rehabilitation and day hospital. All patients received adequate pharmacotherapy with atypical neuroleptics. Patients of the main group (102 patients) additionally participated in the cognitive-deficit training program. Patients included in the comparison group (48 patients) received only pharmacotherapy. **Methods:** Advanced clinical psychopathological interview, psychological study of neurocognitive deficits in a battery of standard tests, the study of social functioning of patients - the scale of PSP. **STUDY DESIGN:** Initial evaluation of patients was carried out at the first call, prior to the neurocognitive training. Follow-up study was conducted one month after completion of the training programs and after one year. **Results:** After training improvements in the cognitive processes were observed in schizophrenia patients: increasing of the tempo of the performance, improving concentration, improving the adequacy of long-term thinking and memory. Trends towards an increase in operational short-term memory have been identified. The survey indicated an increase in all clinical indicators (the difference with the control group ranged from 3% to 26%). The maximum improvement fell on visual memory. **Conclusion:** The neurocognitive training proved to be an effective method of correcting neurocognitive deficits. Inclusion of these trainings in rehabilitation programs may help to reduce hospitalization and to accelerate integration into society.

41531

THE 'WOLFSON HOUSE' TREE OF LIFE: TELLING A STORY TO MAKE US STRONGER

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Objective. In 2011, our rehabilitation service for mentally disordered offenders was consolidated into a refurbished low secure hospital. As our previously scattered service was united in one building, we used the opportunity to move towards a more recovery-oriented approach. Creating a non-illness based identity is an important aspect of recovery that can be helped by the use of narrative-based therapies. With our service users, we have used 'The Tree of Life' (Ncube 2006). This metaphor helps individuals explore where they have come from (the roots), where they are now (the ground), their strengths and abilities (the trunk), their dreams and hopes (the branches) and the people and gifts that have been important (leaves, fruit and flowers). We decided to use this technique for our unit with the aim of creating a strong, cohesive identity. **Design and Method.** We invited both staff and service users to take part in several meetings where we collaborated on constructing a shared narrative for our service, using the 'Tree of Life' format. **Results.** Participants found the process enjoyable and useful. Service users in particular offered some interesting perspectives. The stories which emerged generated a pictorial 'Tree of Life' which will be reproduced on the poster. **Conclusions.** Using a narrative approach opened up a more creative way of thinking about our unit and its future. Part of the process was constructing a shared, positive identity as a specialised recovery service. We would recommend trying it in your service.



41634

EFFECTS OF MINDFUL WALKING AND WRITING HAIKU (JAPANESE POETRY)

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Mindful walking and writing haiku (Japanese poetry) are regarded as major relaxation activities in Japan. These activities should enhance the perception of the world through the five senses and decrease stress and anxiety. However, their effects are yet to be completely clarified. The purpose of this study was to evaluate the psychological effects of mindful walking and writing haiku. **Methods.** The sample comprised 46 university students who agreed to participate in the study. The students were engaged in mindful walking (for 1 hour) and writing haiku (for 20 minutes). The results were evaluated using the Multiple Mood Scale-Short Form (examining hostility, depression, boredom, friendliness, well-being, liveliness, sensitiveness, and shock) and the State-Trait Anxiety Inventory A-State Scale (STAI-A). The students filled out questionnaires before and after this study. All the analyses were performed using SPSS 18.0. **Results.** In the survey after the study, all the scores improved significantly ($p < 0.001$). Further, the scores for hostility, depression, boredom, sensitiveness and shock decreased significantly ($p < 0.001$), while those for friendliness, well-being, and liveliness increased significantly ($p < 0.001$). The STAI-A scores also improved significantly ($p < 0.001$). **Conclusions.** These results suggest that mindful walking and writing haiku reduce stress and anxiety and make people feel good.

41644

BAMBINI, ANZIANI E UTENTI DEL CENTRO DIURNO DEL CSM DI CESENA, GESTISCONO UN ORTO: UN PROGETTO DI PREVENZIONE, INCLUSIONE, RIABILITAZIONE, SUPERAMENTO DELLO STIGMA IN COLLABORAZIONE CON UNA SCUOLA PRIMA

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Obiettivo: all'interno del CSM di Cesena è stato attivato un progetto rivolto a pazienti in trattamento presso il Centro Diurno con l'obiettivo di mettere in contatto il mondo della scuola e il mondo della disabilità psichiatrica attraverso la costruzione condivisa e partecipata di un orto didattico-riabilitativo all'interno di un plesso scolastico della scuola primaria. L'obiettivo finale è sensibilizzare ed educare precocemente le nuove generazioni ad apprezzare la diversità, a valorizzarla e a rispettare incondizionatamente tutte le persone, superando rigidità relazionali e pensiero prevenuto. Nello stesso tempo per i pazienti del CSM l'attività di ortoterapia rappresenta un'attività specifica del loro percorso riabilitativo individualizzato. **Disegno e metodo:** i pazienti effettueranno accessi settimanali nell'area adibita ad orto sotto la guida e supervisione di un esperto del settore agricolo e del personale del Centro Diurno, affiancando nelle attività di allestimento e cura dell'orto i bambini delle classi individuate e i loro docenti referenti. **Risultati e conclusioni:** il percorso è in fase iniziale, sono previste attività di valutazione congiunta tra i partecipanti da effettuarsi in itinere con riunioni periodiche e una valutazione finale più strutturata.

41702

LA VALUTAZIONE DI INTERVENTI DI MUSICOTERAPIA IN CONTESTI RIABILITATIVI PSICHIATRICI: PRIMI RISULTATI SUL POTENZIAMENTO DELLA SOCIAL COGNITION

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INTRODUZIONE. La disfunzione cognitiva nei pazienti schizofrenici coinvolgendo funzioni mnesiche, attentive, esecutive, capacità di concentrazione e abilità spaziali, influenza competenze autonome e sociali. L'ipotesi che gli interventi musicoterapici abbiano efficacia sulla cognizione avvalorata la costruzione di percorsi musicoterapici dedicati al potenziamento cognitivo. **DISEGNO E METODO.** Campione costituito da 15 utenti con diagnosi di schizofrenia di sottotipi differenti secondo il DSM-

IV TR, appartenenti al Gruppo terapeutico-riabilitativo Albatros attivo presso l'U.O.C. di Psichiatria dell'A.U.O.P. di Palermo, valutati attraverso TMT, FAB, MMSE, MA, STROOP TEST somministrati in due tempi (TO; T1) e tramite scheda di osservazione musicoterapico-cognitiva costruita ad hoc. L'esperienza descritta si riferisce a utenti afferenti a laboratori di musicoterapia che hanno percorso step di un originale modello musicoterapico, basato su stimolazioni sonoro-ricettive e ritmico-melodiche strutturate nel contesto di un training cognitivo comprendente molteplici esercizi. **RISULTATI E CONCLUSIONI.** I risultati suggeriscono l'efficacia del percorso musicoterapico strutturato su alcuni indici di deterioramento cognitivo e indicano un più generale miglioramento delle competenze legate alla social cognition.

41711

IL POTENZIAMENTO DELLE STRATEGIE COMUNICATIVE DI PAZIENTI PSICOTICI. VALUTAZIONE DELL'AGGIORNATO SOTTOPROGRAMMA PERCEZIONE SOCIALE DEL METODO INTERPERSONAL PSYCHOTHERAPY: L'ESPERIENZA DI UN LABORATORIO RIABILITATIVO INTEGRATO

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Obiettivo. Scopo dello studio è dimostrare che un training cognitivo che miri anche alle componenti della social cognition (percezione emotiva e sociale, schemi e attribuzioni sociali, ToM) è più efficace per generalizzazione e funzionamento, rispetto ai metodi tradizionali. **Materiali e metodi.** Due gruppi di 8 pazienti con età media di 35 aa, con diagnosi di schizofrenia. Primo gruppo: uso del metodo IPT con nuovo set di slides (Roder, 2010) per sottoprogramma percezione sociale caratterizzate per complessità cognitiva, portato emotivo ed emozione manifesta. Secondo gruppo con breve training di rimedio cognitivo. Valutazione a T0 e T1 cognitiva (TMT, FAB, MA, MMSE) e sul funzionamento sociale (LSP). **Conclusioni.** L'aggiornato set di slides ha rivestito una funzione proattiva per ulteriori step del programma registrandosi il potenziamento delle motivazione ed il miglioramento dell'aderenza dei partecipanti i cui livelli di ansia prestazionale sono risultati contenuti. I report delle singole seguite evidenziano l'efficace della più recente metodologia IPT che ha consentito l'attivazione di validi set integrati istituzionali e la creazione di una filosofia di intervento comune tra le diverse equipe.

41739

SPAZIO IRREGOLARE: CULTURA, SVAGO, LAVORO, CITTADINANZA

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Obiettivi: Passare da paziente/utente/cittadino non è sempre facile, anche per la netta divisione fra ambiente dei Servizi e mondo esterno; come creare spazi che permettano di cambiare ruolo? **Disegno e metodi:** D'estate, in un parco del centro cittadino, l'ARCI organizza il cinema all'aperto, e l'Associazione di Volontariato Irregularmente collabora con un piccolo bar. Da questo è nato "Spazio Irregolare", aperto a iniziative culturali (presentazione libri, documentari, gruppi musicali), di informazione/discussione, promozione della salute (prodotti biologici), gioco per bambini, socializzazione. Il bar era condotto da utenti assunti dall'Associazione, altre attività realizzate grazie all'apporto di volontari; l'intera iniziativa ha portato a compimento 4 stage di utenti in diversi ruoli. Il gradimento del progetto è misurato da interviste ai frequentatori del parco e da questionari, compilati dai frequentatori del cinema, riguardanti anche la mobilità cittadina. **Risultati:** Il progetto si è realizzato, è stato molto apprezzato dalla cittadinanza, come area di socializzazione utile per tutti. **Conclusioni:** il Terzo Settore può costituire un'area di transizione fra Servizi e società permettendo agli utenti di realizzare le proprie risorse di cittadini.

41816

PSYCHIATRIC REHABILITATION AND NEUROPSYCHOLOGICAL PERFORMANCE IN PATIENTS WITH MOOD DISORDERS.PERNA G.^{1,2,3}, MICIELI W.¹, CAVEDINI P.¹, ALCIATI A.¹, SACCO F.¹, CALDIROLA D.¹, RIVA A.¹¹ Villa San Benedetto Hospital, Hermanas Hospitalarias - Department of Clinical Neurosciences, Albese con Cassano (CO), ITALY, ² University of Maastricht - Faculty of Health, Medicine and Life Sciences - Department of Psychiatry and Neuropsychology, NETHERLANDS, ³ University of Miami - Leonard Miller School of Medicine - Department of Psychiatry and Behavioral Sciences, USA

Objective. Many patients with Mood Disorders show impairment on a range of cognitive domains that may affect their clinical outcome and daily-life functioning. We investigated the efficacy of a brief Psychiatric Rehabilitation Program (PRP, performed during 4-week hospitalization) in improving neuropsychological performance of depressed patients with Major Depressive Disorder (MDD) and Bipolar Disorder (BD). **Design and Method.** Ninety patients (50 with MDD, 40 with BD) were included. They did not undergo any relevant modification of pharmacological treatments within one month preceding or during the hospitalization and showed at least one cognitive deficit before the beginning of the PRP. Both before the beginning and at the end of the PRP, the patients were administered a comprehensive standardized neuropsychological test battery and psychometric scales assessing the severity of depression. **Results and Conclusions.** At the end of the PRP patients showed significant improvement of verbal memory, attention, visual-constructive ability and memory, language fluency and working memory. No significant correlations were found between the improvement of neuropsychological performance and the improvement of depressive symptoms. These results suggest that psychiatric rehabilitation may specifically ameliorate cognitive functions of patients with Mood Disorders supporting its relevant role in the therapeutic approach of these patients.

41867

COMPARISON OF REHABILITATION IN EUROPE

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Psychosocial rehabilitation is a community-based service that addresses challenges faced by people diagnosed as having psychiatric disabilities. The proportion of mental illness steadily increases in all industrialized societies. Impact on health care systems of the cognitive losses, physical impairments associated with normal and pathological aging grows greater as well. The most recent research states that 70,000 homes are sold in the UK each year to pay for care. NICE guidance shows relationship among age, mental illness, rehabilitation and related research to identify sources of problems in the optimal rehabilitation and to explore the implications of rehabilitation for increased well-being. It is essential to address and compare the role played by different countries, functional status, psychosocial factors, and variable resources of Health Care Systems. Concluded was that rehabilitation is undoubtedly beneficial for patients with mental and physical illness. In order to maintain the highest possible quality of care for disabled and support for their relatives, new directions for research are suggested. This would need to include the development of international regular collaboration, communication, working out regular international audit projects, international standards for rehabilitation, care and also regular monitoring.

41961

A COMMUNITY GARDEN FOR A LOW SECURE RECOVERY UNIT

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Objective. In April 2011 we obtained an offsite garden space in a community allotment for our recovery unit. We wished to use it to create a horticultural activity to engage our service users and improve their physical and mental health. It would allow us to form links with both the community and other mental health and vocational services. **Design and method.** We travel to the garden weekly as a group and also offer one-to-one sessions. Service users have been integral in the planning of the plot and we draw on their experience. We have a plan for the progression of the site but responding to new challenges requires constant adaptation which helps to enrich the process. **Results.** The plot



is now well on its way to becoming a thriving greenspace; producing fruit, vegetables and therapeutic benefit. There is significant improvement in the group and a consistent level of attendance. The process has been beneficial for all involved, helping to provide structure and becoming an integral part of care plans. Some participants have continued to attend after discharge. **Conclusions.** As an activity the horticultural project uniquely combines a wide range of physical and psychological benefits, providing an invaluable resource for the service.

41990

RITARDO MENTALE E IMPORTANZA DEI SOSTEGNI

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Obiettivo. Il ritardo mentale è una disabilità precoce della vita caratterizzata da limitazioni significative nel funzionamento quotidiano: nelle abilità adattive concettuali, pratiche e sociali. Lo sviluppo di servizi e sostegni della comunità e del contesto verrà visto nell'ottica di permettere alle persone con disabilità di vivere più vicine ad alcuni parametri tipici della società ed offrire una maggior partecipazione alla vita comunitaria. La comunità non più luogo, ma esperienza di condivisione. **Materiale e metodo.** Intendiamo presentare alcuni esempi clinici di persone con ritardo mentale afferenti ai centri diurni Anffas valutate attraverso le scale SIS, ed illustrare come l'adozione di un sistema basato sui sostegni abbia influito su di essi, migliorando la loro qualità di vita e quella dei familiari. **Risultati e conclusioni.** Il modello dei sostegni è stato realizzato nel contesto di un movimento più ampio, proteso verso la programmazione centrata sulla persona (importanza alla crescita ed allo sviluppo personale, alle scelte, alle decisioni ed all'empowerment), l'approccio ecologico alla disabilità (rinforzo delle interazioni persona-ambiente e riduzione delle limitazioni funzionali, attraverso strategie di sostegno centrate sulla persona), la rivoluzione qualitativa (importanza alla qualità di vita, tecniche di miglioramento e risultati), l'erogazione di servizi e sostegni negli ambienti naturali (principio dell'integrazione e dello sviluppo di opportunità).

42028

PROMOTING DISADVANTAGED PEOPLE'S REHABILITATION AND SOCIAL INCLUSION THANKS TO GREEN JOBS

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The Isfol Pro.P Program [funded by the European Social Fund and managed by Isfol on behalf of the Ministry of Labour], supports the development of pilot, integrated actions at local/regional level (the so called "system actions") aiming at promoting the social and occupational integration of people with mental disorders. One field of activity is related to social farming. There is a growing understanding of the potential role of social farming for enhancing the social and mental well-being of disadvantaged people and giving their life and their abilities a meaning. Recently, the issue of social farming has also come to the attention of the European institutions. In Italy the analysis of active labour market policies contributes to the development of social policies. The Italian Regions involved in the Pro.P. Program will diffuse the achievements of their activities by identifying good practice examples and sharing them as successful models with local authorities and actors. The Campania Region recently developed a legal framework for social farming. Social farming represents a new frontier for a responsible, multifunctional agriculture combining social services and the agricultural activity: disadvantaged people and people at risk of exclusion are involved in a productive agricultural process.

42399

PSYCHOSOCIAL REHABILITATION AND ITS AXES: LIVE / INHABIT, WORK AND SOCIAL NETWORKING - THE VISION OF THE CLINICIANS

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The process of the Brazilian Psychiatric Reform has shown important advances. The expansion of the Centres for Psychosocial Care (CAPS) represents the change from a hospital-centred care model to one based on a psychosocial paradigm which has as one of its goals the psychosocial rehabilitation of users who have problems related to the use of alcohol and other drugs. In this context, we analyzed the

clinicians' view of a reference psychosocial rehabilitation centre. We explored the following domains: live/inhabit, social network and work directed towards this population. The theoretical assumptions guiding the research were those of the Brazilian Psychiatric Reform. Data were collected through semi-structured interviews and analyzed using qualitative hermeneutic dialectic. The results indicate that one of the difficulties is related to the axis of the live/inhabit, because most users are homeless, workers seek homes that meet basic needs, but that does not lead to the concept of inhabit. As far as social network is concerned, professionals believe that there is a limitation on the possibility of rehabilitating those who have no family or have a family that does not welcome the person and this experience appears common among users of mental health services. Another complicating factor refers to the loss of employment, relationships and friendships, as they are elements of the wider social network. Professionals prioritize partnerships with institutions offering professional courses in the absence of cooperatives and sheltered employment. We conclude that psychosocial rehabilitation developed in the service is aligned to the traditional psychiatric rehabilitation and adaptive models, ie based on the logic of social normality.

42514

SOCIAL SKILL TRAINING: LE ABILITÀ SOCIALI STRUMENTO DI RIAPPROPRIAZIONE DELL'IDENTITÀ PERSONALE E DEL RUOLO SOCIALE

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Scopo. Il progetto si propone di ridurre il deficit di abilità sociali frequente negli utenti psichiatrici, che rende difficile stabilire e mantenere relazioni sociali e ottemperare ai propri ruoli. La necessità di uno specifico percorso di formazione per gli utenti in attesa di borsa-lavoro scaturisce dalla constatazione che una carente preparazione all'inizio del tirocinio lavorativo comporta elevato rischio di fallimento, incrementando i sentimenti di inadeguatezza ed impotenza dei pazienti e lo stigma dei datori di lavoro. **Metodo.** L'intervento riabilitativo attuato dal CSM di Nardò, rivolto ad utenti Schizofrenici e con Disturbi dell'umore, (valutati tramite BPRS, VADO, scheda individuale per la riabilitazione al lavoro) si esplica attraverso:

- Costituzione di un gruppo eterogeneo dal punto di vista diagnostico, che prevede l'inclusione di utenti in due momenti diversi del percorso lavorativo (entrata e uscita);
- Training di addestramento alle abilità sociali -SST-. L'approccio proposto, di tipo comportamentale, consente agli utenti di svolgere un ruolo attivo all'interno del gruppo e utilizza tecniche di Modeling, Role Playing e Feedback correttivi.

Risultati. 1.Favorire l'aggregazione tramite costituzione di gruppi spontanei e acquisire e/o migliorare l'uso delle abilità sociali; 2.Fornire informazioni legislative, promuovere l'integrazione con Servizi ed Enti territoriali

42515

PROGETTO A 360 GRADI E PROGETTO CERE

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Scopo. I Laboratori "A 360 gradi" e "Cere" promuovono l'impegno degli utenti attraverso attività pratico-manuali finalizzate al lavoro, tramandando le antiche e moderne tecniche artigianali. Prevedono altresì che i manufatti acquistino visibilità, abbandonando i circuiti protetti degli addetti ai lavori per giungere alla cittadinanza tramite gli spazi urbani. **Metodi.** L'intervento riabilitativo attuato dal CSM di Nardò, rivolto ad utenti Schizofrenici e con Disturbi dell'umore, si esplica attraverso: 1.iniziale formazione teorica per familiarizzare con tecniche e materiali; 2.realizzazione di candele decorative, mediante l'impiego di cera gel e classica, shoppers in tela, bijoux, riscoperta di tecniche artigianali locali (tombolo, ricamo, maglia); 3.promozione di una rete di contatti e collaborazioni con imprenditoria locale, referenti istituzionali, per l'approvvigionamento di materie prime, strumentazione di lavoro e know-how, la commercializzazione dei manufatti nell'ambito di mercatini e fiere; 4.impiego di scarti della lavorazione industriale tessile per il confezionamento di cuscini, borse, coperte mediante patchwork. **Risultati.** Veicolare un messaggio positivo della persona disabile come portatore di abilità e competenze; apprendere abilità cognitivo-manuali indispensabili per lavoro e autonomia sociale; favorire l'allestimento di una mostra permanente con i manufatti, la relativa commercializzazione, la costituzione di cooperativa di tipo B.

42527

LE TECNICHE ESPRESSIVE NEI PERCORSI RIABILITATIVI DI SOGGETTI CON SINDROME DEMENTIGENA

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Obiettivi. La letteratura (Ravid-Horesh R.H., 2004; Parkinson E., 2008, Albanese O. et al, 2010) ha evidenziato l'utilità delle tecniche espressive nella riabilitazione dei soggetti anziani con sindrome dementigena. Nella nostra ricerca-intervento, svoltasi in 3 anni, abbiamo inteso verificare ciò con le tecniche di arte figurativa e danza (in gruppo e individualmente a domicilio). **Disegno e Metodi.** Il campione (N = 14), d'età compresa tra 65 e 90 anni (m = 80.9, d.s. = 8.1), è stato sottoposto a valutazione pre e post intervento (T0-T3) con Mini Mental State Examination (MMSE), Satisfaction Profile (SAT-p) e Sandoz Clinical Assessment Geriatric (SCAG). **Risultati.** I partecipanti hanno riportato un generale incremento nei punteggi di MMSE e SAT-p e una diminuzione delle misure SCAG soprattutto riguardo a "funzionalità psicologica", "comportamento sociale" e "disturbi affettivi". **Conclusioni.** L'intervento da noi effettuato ha influito nel migliorare le prestazioni di ciascun soggetto soprattutto nella sfera sociale e relazionale, determinando una riattivazione creativa nel gruppo.

42562

RACCONTI DALLA CUCINA

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Objective. Il progetto, presentato dall'associazione Arcipelago, finanziato con i Bandi di Microprogettazione Sociale del CSV Asso.Vo.Ce, intende fornire un contributo alla lotta allo stigma legato alla malattia mentale, utilizzando la cucina come luogo di interazione e sensibilizzazione rispetto alle tematiche connesse alla salute mentale. L'obiettivo del progetto è l'attivazione di legami relazionali in grado di stimolare motivazione e autonomia al fine di promuovere l'inclusione sociale delle persone con disagio psichico. **Design and method.** Per conseguire tale obiettivo si è scelto di utilizzare lo strumento del laboratorio di cucina e dell'attività Chef per un giorno. All'interno del progetto sono stati coinvolti 20 utenti in carico presso la Unità Operativa di Salute Mentale di S. Maria C.V. (Ce) di età compresa tra 18 e 30 anni, di sesso maschile e femminile, con un livello non cronicizzato di patologia. **Results and conclusions.** Attraverso la partecipazione alle attività abbiamo conseguito i seguenti risultati: aumento dell'autoefficacia e dell'autostima, minore esclusione sociale, coinvolgimento della rete amicale e familiare, ri-appropriazione della dimensione sociale, contrasto alle forme di auto ed etero-etichettamento, acquisizione di competenze lavorative in ambito gastronomico.

42566

LE TERAPIE ESPRESSIVE: RISORSE INNOVATIVE E CONSOLIDATE IN DIECI ANNI DI ESPERIENZE

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OBIETTIVI Dal 2002 il Centro di Salute Mentale di San Giorgio di Piano (BO), offre esperienze di Terapie Espressive (T.E.) ad oltre 80 utenti gravi. Le T.E. sono risorse efficaci perché attraverso il medium artistico espressivo:

- raggiungono aree di funzionamento regredito, rispettando le difese primarie;
- contengono i danni dei processi psicotici cronicizzati;
- sostengono il recupero di aspetti cognitivi e relazionali più evoluti.

METODI La metodologia integra l'approccio psicodinamico con l'esperienza artistica attraverso interventi individuali e a piccoli gruppi di Arte Terapia e Danzavivimento Terapia. **RISULTATI** I risultati conseguiti in oltre 10 anni di lavoro con utenti gravi sia al loro esordio, sia nelle forme cronicizzate, attestano la riduzione delle acuzie di sintomatologia psicotica, l'assenza di ricoveri psichiatrici nel periodo di trattamento, l'incremento delle capacità relazionali e delle iniziative individuali verso attività sociali, con inversione dell'attitudine a prediligere comportamenti di ritiro e di chiusura. **CONCLUSIONI** L'osservazione di quanti hanno usufruito delle T.E. per almeno un anno di presenza continuativa e sono rimasti in contatto con il Centro Salute Mentale, testimonia la persistenza dei risultati raggiunti nell'80% dei casi.



42576

L'ATTIVITÀ SPORTIVA NELLA RIABILITAZIONE PSICOSOCIALE E NELLA PROMOZIONE DELLA SALUTE MENTALE

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INTRODUZIONE Nell'ambito delle politiche sanitarie della Regione Emilia-Romagna, il Dipartimento di Salute Mentale - Dipendenze Patologiche di Bologna sta potenziando processi assistenziali e percorsi terapeutico-riabilitativi personalizzati, incentrati su specifici bisogni di salute e di reinserimento sociale, con l'obiettivo di superare l'isolamento e promuovere una nuova cultura dell'accoglienza e dei diritti, creando momenti di riflessione e di incontro tra il mondo della salute mentale e la cittadinanza. **METODI** Vengono descritti i progetti in corso riguardanti lo sport e l'attività fisica. **RISULTATI** I progetti sportivi "METTITI IN GIOCO TWO" e "SUPER MIC CRAZY BASKET" sono nati tra il 2007 e il 2008, organizzati in collaborazione con associazioni di utenti-familiari, polisportive, comuni, scuole secondarie e distretti sanitari, realizzando edizioni annuali di tornei cittadini e interregionali. Il progetto "FISICA_MENTE", è stato intrapreso con l'obiettivo di promuovere sani stili di vita nelle persone affette da disturbo mentale, in collaborazione con un'ampia rete di soggetti portatori di competenze diverse. Sono stati selezionati 50 utenti, che svolgono incontri motivazionali ed educativi per migliorare le abitudini alimentari e fisiche, partecipando a camminate nei parchi cittadini e laboratori di cucina. **CONCLUSIONI** Lo sport è uno strumento per avviare un processo aggregativo di prevenzione e promozione, oltre che di riabilitazione psico-sociale. L'iniziativa sportiva sta creando una rete tra utenti dei servizi, cittadini, operatori, istituzioni, familiari e risorse territoriali per l'abbattimento dello stigma verso chi soffre.

42591

BUONE PRATICHE TERAPEUTICO-RIABILITATIVE IN UN CENTRO DIURNO PSICHIATRICO

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OBIETTIVI. Evidenziare come un percorso riabilitativo semiresidenziale per pazienti cronici guidato da un approccio psicodinamico, orientato alla creazione di relazioni empatiche e organizzato in pratiche educativo-riabilitative strutturate, sviluppi un importante senso di appartenenza teso a promuovere un cambiamento del loro stato psicopatologico e sociale. **DISEGNO E METODI.** Lo studio retrospettivo di una casistica rappresentativa di utenti che (dal 2004 ad oggi) hanno frequentato il Centro Diurno Psichiatrico - Opera Don Guanella di Voghera si avvale della raccolta anamnestica di ricoveri precedenti l'inserimento e del loro confronto con osservazioni e dati raccolti durante il percorso riabilitativo semiresidenziale, in un arco di tempo minimo di almeno tre/sei mesi. **RISULTATI.** Emerge una evidente diminuzione, se non totale, assenza di successivi ricoveri sanitari, già nei primi 6 mesi dall'inserimento, accompagnata da un relativo benessere che si traduce in un cambiamento nella qualità di vita dell'utente. **CONCLUSIONI.** La riabilitazione di pazienti cronici con diagnosi gravi attraverso pratiche e orientamenti integrati il cui fine è lo sviluppo di un senso di appartenenza affettiva e sociale, promuove il mantenimento di un buon compenso psichico negli utenti e una riduzione della quantità di accessi ai Servizi territoriali di riferimento.

42597

IL TEATRO È UNA TERAPIA?

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Obiettivo: Divertimento, apprendimento di tecniche recitative, stimolo alla memoria, esorcizzare la paura di esibirsi/parlare in pubblico, mantenere la soglia di attenzione, partecipazione emotiva. Incontro con nuove persone, esperienza di se attraverso il teatro e la relazione con il gruppo. **Metodo:** Espressione vocale e corporea, dizione, interpretazione naturale (Metodo Strasberg), Gioco di Ruolo, improvvisazione e lavoro di gruppo. Creazione di piccole parti teatrali, a volte esperienze di vissuto personale rielaborate e collaborazione nella creazione scenica. **Risultato:** Memorizzazione di parti lunghe, intercambiabilità delle parti, continuità, impegno e presenza costante, coesione del gruppo, messa in scena di lavori teatrali. **Conclusioni:** Soddisfazione dei singoli, gratificazione. Crescita della



sicurezza di se. La possibilità di frequentare un corso di teatro. Si impara a condividere le proprie difficoltà e a sostenere gli altri per superarle. L'impegno e la disponibilità a volte non bastano e si possono affrontare momenti difficili, ma non meno importanti.

42644

MUSIC THERAPY FOR SEVERE MENTAL ILLNESSES IN AN EMERGENCY SETTING: A PRELIMINARY REPORT

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The aim of this study was to evaluate the effects of music therapy (MT) on clinical indices of patients with severe mental disorders hospitalized for short periods. Fifty four female consecutive female patients suffering from severe mental disorders, who had at least one hospitalization and a low psychosocial functioning in the preceding 12 months, underwent a structured programme of MT, consisting of at least three 60-minute sessions per week. Patients who refused to participate or did not attend at least 3 music therapy sessions were evaluated as a control group (N=20). The two subgroups were comparable for diagnoses, type of medication, age, education, age of onset and duration of illness. The evaluation of general psychopathology revealed that the "anxiety/depression" factor improved more in the MT group (F=5.99; p<0.001) and MT also had a positive impact on anxiety ratings (F=4.90; p<0.03), with respect to the control group. Finally, all patients who underwent the MT programme reported that they felt more relaxed after the session (F=49.1; p<0.00005). These preliminary results are in line with previous evidence concerning the positive effect that MT programs might exert on anxiety and tension in patients with severe mental disorders even during short-term hospitalization for relapse.

42832

TEATRO SOCIALE IN PSICHIATRIA

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Attivato dal 2012 nel DSM-ULSS 18 un progetto di Teatro Sociale, ossia dell'arte di creare un contesto iperstimolante che attivi naturalmente processi di trasformazione e di crescita. **Obiettivi:** miglioramento della relazione operatori-paziente, inquadramento diagnostico con l'inclusione dell'aspetto relazionale, stimolo potenzialità relazionali-espressive dei pazienti, riduzione ricoveri e giorni degenza, aumento dei pazienti in carico ai Servizi Territoriali. **Disegno e metodi:** incontri settimanali di un'ora presso l'SPDC con operatori e pazienti (max 8). Criteri d'esclusione: fase acuta della patologia, importanti deficit cognitivi, non autosufficienti. Criteri inclusione: fase subacuta. Durante l'incontro: attività psicomotorie, improvvisazioni, giochi di presentazione-competizione. **Risultati:** esperienza ben accolta da operatori e utenti. Utile nell'inquadramento diagnostico: 1) pz sempre appartato, apatico e abulico, nonostante la farmacoterapia, durante l'attività è apparso disponibile all'interazione e attivo sul piano motorio; 2) pz, apparentemente con un buon funzionamento globale, apparso povero cognitivamente e con deficit cognitivi. **Conclusioni:** buono il riscontro da parte degli operatori e degli utenti. In fase preliminare condivisione di tale esperienza con Centro Diurno di Rovigo, in fase di valutazione longitudinale numero di ricoveri (2011-2012), di giorni di degenza e di pazienti in carico al servizio territoriale.

42853

EL CUIDADO DE LA ENFERMERA PSIQUIATRA EN LOS CENTROS DE ATENCION PSICOSOCIAL: DE LA INSTITUCIONALIZACION A LA REABILITACION

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Caps es definido como servicio de salud abierto y comunitario del Sistema Único de Salud (SUS), sitio de referencia y tratamiento para personas que sufren con trastornos mentales, psicosis, neurosis graves y otros cuadros, cuya severidad, persistencia justifiquen su permanencia en un dispositivo

de cuidado intensivo, comunitario, personalizado y promotor de vida. Como base teórica, utilizamos la teoría del Intuir Empático, compuesto por empatía, escucha calificada, tiempo, esperar, disponibilidad para cuidar y cuidado pól demanda. Los objetivos fueron: describir el cuidado de la enfermera psiquiatra en CAPS; analizar el cuidado de la enfermera psiquiatra en CAPS. Realizamos una investigación descriptiva, calitativa, el recaudo de datos ocurrió a través de la observación participante con la técnica diária de campo y la cita abierta. Los escenarios fueron los CAPS ubicados en la Provincia de Rio de Janeiro y las personas fueron los enfermeros asistenciales. La investigación fue aprobada por el Comité de Ética en Investigación de La Escuela de Enfermería Anna Nery - Hospital Escuela São Francisco de Assis (EEAN / HESFA), bajo el Protocolo nº 09/2009. Los datos recaudados fueron sometidos a análisis temática de Minayo, permitiendo el advenimiento de dos clases temáticas con los respectivos subtemas: 1) El cuidado que produce mejoría. Subtemas: a) La personalidad de la enfermera, b) Aspectos relacionados al conocimiento. 2) El cuidado que no produce mejoría. Subtemas: a) conocimiento científico de la enfermería, b) perfil profesional, c) descalificación y caracterización. Se concluye que el cuidado prestado por la enfermera psiquiatra es una acción compleja, nortada por el conocimiento empírico y científico, por la teoría del intuir empático a través de la solidaridad y humanización. Para realizarlo, la enfermera debe tener motivación, ser capaz de perseverar, poseer disponibilidad interna, ser creativa y flexible, trabajar en equipo, no acomodarse, tener una postura cuestionadora.

42897

THE INTERACTIVE MODEL: A NEW APPROACH IN PSYCHOSOCIAL REHABILITATION OF SEVERE PSYCHIATRIC ILLNESS

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Objective: patients with psychiatric disorders experience several limitations in everyday functioning, such as difficulties in interpersonal relationships, (e.g., inappropriate responses to social situations), reduced stress coping, and lack of energy or initiative. Traditional approaches such as medications, hospitalization, and psychotherapy are effective but could be less focused on the client's skills and work aspects. Psychiatric patients may express a strong desire for work, but have significantly reduced success rates on labor market. Additionally, employment can act as a normalizing factor. According to these premises, we develop a new model for rehabilitation of individuals with psychiatric disabilities. **Design and methods:** the Interactive model combined an appropriate psychopharmacological and psychotherapeutic strategy with an innovative recovery model based on social agriculture and ergotherapy. Firstly, our community-based treatment rely on teaching basic coping skills to foster patients to become as autonomous as possible in the community. The next step is provided by social farming: alongside the asserted therapeutic benefits of working with plants and soil, we focus on social agriculture as a vocational activity with an intent for progression to employment. Our model mainly rely on local resources, using the specific characteristics of rural environment (e.g. wine production in the Dogliani area, sheep farming and cheese production in the province of Cuneo). The treatment is provided by a group of diverse, experienced and specialized staff of psychiatrists, psychologists, nurses, and health professionals. The clinical staff is available 24/7. We evaluated patients at entrance and after one year of community-based treatment, using different scales: Brief Psychiatric Rating Scale (BPRS-18 items), the Overt Aggression Scale, the Quality of Life Index, The Schedule for the Assessment of the Insight, and the Life Skills Profile. Additionally every patients filled a satisfaction questionnaire. **Results:** We observed a significant improvement in the BPRS, the Overt Aggression Scale, the Quality of Life Index, and the Life Skills Profile (all $p < 0.05$). All patients reported to be generally satisfied with our treatment. A significant percentage of patients (13%) obtained an employment. **Conclusion:** the Interactive model might be a promising and comprehensive approach for the treatment and psychosocial rehabilitation of patients with a severe mental illness.

42903

YOUNG OFFENDERS IN BRAZIL: MENTAL HEALTH AND FACTORS OF RISK AND PROTECTION

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Introduction: The literature has pointed that young offenders may show varied problems of mental health, although a few Brazilian studies focus on that question. **Objective:** The aim of the present study was to identify the profile of male young offenders in treatment and also to identify correlations between levels of mental health, self-esteem, social support and parenting and correlations between these elements. **Design and Method:** 33 male young offenders who attend the socio-educational program of a mid-size city in the State of São Paulo-Brazil took part on the study, with ages between 14 and 18 years, answered specific instruments to appraise different variables of focus. **Results:** The results indicate that 67% of the adolescents presented mental health problems and; 84% perceive that the social support they receive is below "low" or "medium" and 33% judge their parental style of their caregiver as risk. How less is the self-esteem of the young offenders, more their caregiver are negligent and lesser is the support of the family. It is suggested that the preparation of professional that act together the young offenders to identify the need to forward and accompany in mental health, articulate with mental health services and social service; among others.

42929

IL GRUPPO DI DISCUSSIONE COME ATTIVITA' DI CURA ALL'INTERNO DEL SERVIZIO PSICHIATRICO DI DIAGNOSI E CURA

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Obiettivo: L'utilizzo del gruppo nel Servizio Psichiatrico di Diagnosi e Cura (SPDC) rappresenta oggi uno strumento molto efficace per poter offrire ai pazienti un'accoglienza rispettosa della fase di crisi e al tempo stesso un intervento specialistico. **Disegno e metodo:** Il gruppo in SPDC avviene, da oltre 15 anni, bisettimanalmente, dura un'ora in giorni prefissati e costanti e sono presenti: Psicologa specializzata per la conduzione, Infermiere Professionale per l'osservazione, tirocinanti. Viene definito Gruppo di Discussione perché i pazienti scelgono un argomento da discutere insieme che permetta il confronto delle loro esperienze e idee. Tutti i pazienti, tranne casi specifici, sono coinvolti e stimolati a partecipare al gruppo, senza alcuna selezione per diagnosi o fase del ricovero. **Risultati:** Attraverso l'incontro con l'altro e l'elaborazione-integrazione della "frattura" con il mondo esterno, la tecnica grupppale si è rivelata molto efficace per il miglioramento del clima di reparto e la costruzione di rapporti di maggior collaborazione tra pazienti e curanti (compliance), rendendo il processo di cura più efficace e riducendo il bisogno di mezzi coercitivi e contenitivi per raggiungere l'obiettivo terapeutico. **Conclusioni:** Il lavoro di gruppo è importante sia per una migliore coesione e integrazione del paziente che per il potenziamento degli obiettivi istituzionali.

42947

LE ASSOCIAZIONI DI VOLONTARIATO E LA RIABILITAZIONE PSICOSOCIALE

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OBIETTIVI. La riabilitazione psichiatrica è incentrata sull'integrazione nella comunità delle persone affette da malattie mentali e persegue il fine della loro normalizzazione nella vita quotidiana, la promozione della gestione diretta da parte del paziente della propria malattia e dell'assunzione di ruoli adulti nella partecipazione alla vita sociale, riducendo, progressivamente, nei limiti del possibile il ricorso ai servizi di salute mentale. Questo lavoro mette in luce il ruolo delle associazioni di volontariato, che pongono al centro la persona ed i suoi bisogni e coinvolgono tutti i soggetti di un territorio a vario titolo interessati e l'intera comunità locale. **METODI.** In questa ricerca vengono indagati tipi, organizzazioni e finalità delle associazioni di volontariato con il sistema dei servizi, i pazienti psichiatrici e la comunità. Gli strumenti di rilevazione utilizzati sono stati interviste strutturate su campioni di volontari, operatori dei Servizi e pazienti. **RISULTATI.** Vengono illustrati i risultati

acquisiti, possibilità e limiti di questi interventi nell'ambito della tutela della salute mentale e le ripercussioni sullo stigma. **CONCLUSIONI.** Sono delineate le prospettive di lavoro per i traguardi della riabilitazione psicosociale raggiungibili nel prossimo futuro.

42971

FUORIC'ENTRO POLISPORTIVA: A REHABILITATION PROGRAM BASED UPON THE SPORTING ACTIVITY IN USERS WITH SEVERE MENTAL DISORDERS

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Objective. To verify if a rehabilitation-program based on sporting improves psychopathological conditions, coping ability, person's "social functioning", subjective and objective family burden.

Design and methods. The "Fuoric'entro Polisportiva" was founded in Trieste in 1999, supported by the Department of Mental Health, with the aim of promoting recovery. This is a descriptive, case-control study, led on 40 patients (20 cases and 20 controls) followed by Trieste's Department of Mental Health with the aim at evaluating the outcome of the Rehabilitation-program based upon the sporting activity in users with severe mental disorders. We considered the following items: age, diagnose, professional condition and living situation, therapy and its compliance, admissions' number and duration, main therapeutic interventions. **Results and conclusions.** In the cases' group there is a stable improvement of the professional and living conditions, compliance and a reduction of admissions' number and duration. As reported in literature, the rehabilitation based upon the sporting practice for patients affected by severe mental disorders have been demonstrated to be efficacious at various levels, improving social interaction, self esteem, body self consciousness, reduce anxiety and depression, reduce stigma, improve compliance, reduce admission rates, reduce aggressiveness, reduce family burden.

This kind of rehabilitation strategy can be a useful tool to improve as the severity of symptoms as the socio-relational burden of mental disorders.

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42978

PSYCHOSOCIAL REHABILITACION TREATMENT FOR YOUNG PEOPLE: A REVIEW AND PROPOSALS

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The purpose of this study is to assess the degree to which intervention programmes run by the Psychosocial Rehabilitation Service for Young People at Els Tres Turons Foundation (Barcelona) are responding to the international recommendations on psychosocial rehabilitation of young people with psychosis (World Health Organisation, Early Psychosis Association, The International First Episode Vocational Recovery Group). Literature was reviewed working on the premise that clinical interventions alone are inefficient as treatment if not accompanied by psychosocial interventions. As a result of this revision we found that the key elements that ensure the comprehensive care of young people with psychosis are the following: skill reinforcement, socio-occupational and vocational enabling, cognitive rehabilitation, training route support, encouragement of social interaction among young people, care for families, community intervention, raising awareness of mental illness, improving and facilitating access to and continuity of care and preventing and detecting early psychosis. In order to achieve these objectives it is of utmost importance to network and join forces with other agents across the territory.



43018

WALKING THERAPY IN PAZIENTI PSICHIATRICI GRAVI

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Introduzione. Molti pazienti sono interessati da problemi di sovrappeso e camminare è un'ottima tecnica per ovviarvi: nasce così il laboratorio di Walking Therapy. Camminare è però utile sotto molti altri aspetti: consente di vivere e conoscere il territorio e quindi apprezzarlo maggiormente. Passeggiando si osservano piante, panorami, impronte; si percepiscono odori e suoni della natura; ci si interessa alle opere dell'uomo come castelli, canali irrigui e ponti antichi. Quel che ci circonda è spunto di curiosità, mantiene viva l'attenzione e fa dimenticare della stanchezza. Camminare in gruppo significa supporto reciproco per vincere la fatica, per notare un dettaglio e per beneficiarne appieno. **Metodi.** Il laboratorio si svolge in sedute di durata da un'ora a due, per due o tre volte alla settimana, in cui si percorrono facili sentieri in contesto preferibilmente non urbano (per eliminare distrazioni quali bar e negozi) concordati con il gruppo consultando libri di escursionismo, internet o cartine geografiche. Durante la seduta si osserva l'ambiente, in seguito si approfondisce la conoscenza dell'elemento notato (fiore, castello, sasso) servendosi di libri adeguati od internet. Nelle pause i pazienti si esercitano con bussola e cartina ritrovando il punto di sosta, il percorso effettuato ed individuando il nome di corsi d'acqua incontrati. La condivisione è favorita da continuo scambio di impressioni, osservazioni, aneddoti. Mensilmente avvengono gite in montagna in un luogo concordato con il gruppo; in queste occasioni è necessario maggiore impegno da parte degli ospiti che si sperimentano nei medesimi esercizi di osservazione delle sedute ordinarie. Intorno alla gita in montagna si svolge un lavoro più pratico relativo alla preparazione dello zaino ed alla sicurezza in montagna. **Risultati.** In quattro anni di attività gli ospiti hanno avuto miglioramenti fisici, soprattutto per ciò che concerne il mantenimento del peso e lo costruzione di una corretta immagine corporea. Le capacità sociali e relazionali dei pazienti all'interno del gruppo sono migliorate. Sembra essere presente anche un miglioramento nelle capacità cognitive dei partecipanti. **Conclusioni.** Il laboratorio di Walking Therapy, nato come attività fisica, si è evoluto aggiungendo aspetti cognitivi, culturali e relazionali facendo appassionare i pazienti al territorio ed alla sua conoscenza.

43355

STUDY DESIGNED TO SCREEN THE SERVICES PROVIDED BY PSYCHIATRIC REHABILITATION UNIT SHAIKH KHALIFA MEDICAL CITY, ABU DHABI, UAE TO IMPROVE OUTCOME AND QUALITY OF SERVICES PROVIDED TO PATIENTS

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SUBJECTS AND METHODS: 100 patients and their families care for by Community Case Management Team answered questionnaire regarding their satisfaction and the patient condition before and after enrollment in services. **Results** showed marked improvement in patients conditions compared to their previous condition. **Conclusion:** Case management has a vital role to play in reducing relapse, increasing compliance with treatment through positively influencing rate of clinic attendance & compliance with medication, increasing the family's feeling of being supported. Case management has considerable potential as a means of organising & delivering MH services in a cost-effective manner as long as its purpose, practice & organisational structures are consistent within Abu Dhabi.

43361

AN EVALUATION OF PSYCHOSOCIAL REHABILITATION COMMUNITY CARE CENTER (CAPS) IN NORTHEAST OF BRAZIL

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Mental Health evaluation, Psychosocial Rehabilitation. This study aimed to evaluate the psychosocial care services in five states in the Northeast of Brazil to contribute to health policies implemented during the last decades (Pitta et al.: 1982, 1992, 1999, 2000; Goldberg: 1992; Onocko and Furtado:

2006; Wetzel and Kantorski: 2004; Wetzel: 2005). General objective: to evaluate CAPS taking account of the perspectives of users, families, professionals and managers. Specific: to describe CAPS management and care models, their labour processes and practices, territory articulation and users' rights. Methodology: workshops, semi-structured questionnaire and interviews; triangular information from users, families and professionals about care practices and their changes lives. Results: preliminary findings showed an increase of health care access; stigma about drug abuse and mental dysfunction is already present in all health care levels; decentralization of health policies still is a problem; insufficient and unequal distribution of community services is highlighted; difficulties in training professionals into humanizing mental health care; rehabilitation psychosocial deinstitutionalization.

43379

USCIRE DAL BUIO. ESPERIENZE E PERCORSI DI RIABILITAZIONE PSICHIATRICA

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“Uscire dal buio” racconta l’interessante sperimentazione in materia di riabilitazione psichiatrica, condotta in Puglia da oltre un decennio dalla cooperativa sociale Città Solidale, con altre due imprese sociali per il lavoro. Si tratta di esperienze caratterizzate dall’umanizzazione delle cure e dall’impiego di rimedi prevalentemente antropologici che hanno consentito a numerosi sofferenti psichici, soprattutto giovani, il ritorno alla vita normale. “Uscire dal buio” suggerisce una possibile via d’uscita al dramma della follia e fornisce un contributo concreto alla contraddittoria realtà italiana nella quale, accanto a buone pratiche, proliferano micro-manicomi nei quali migliaia di cittadini ancora oggi restano inchiodati per sempre alla cronicità del disturbo e nella condizione di grave marginalità sociale, con costi elevatissimi per la collettività. L’idea forte che permea l’esperienza latianese è la “relazione”, vero rimedio al disagio dell’anima e antidoto alla psichiatria dell’orrore di ieri e alla contenzione chimica di oggi. La relazione deve poter favorire il ritrovamento del progetto di vita smarrito sotto i colpi della sofferenza psicotica e degli effetti iatrogeni degli psicofarmaci, tutelare i diritti inalienabili, ripudiare qualsiasi forma di violenza, di maltrattamenti, gli abusi, i ricatti, l’abbandono per incuria, le porte sbarrate, la contenzione fisica, psicologica, chimica, sociale. Il metodo sperimentato da Città Solidale punta al mutamento psico-fisico della persona soggiogata dal dolore psicotico, perché possa riconquistare ben-Essere, autonomia, emancipazione e, contestualmente, alla guarigione dell’habitat, dei cittadini “normali” dall’individualismo, dall’egoismo, dallo scetticismo, dal nichilismo, dalle relazioni spezzate, frantumate e oramai strumentali, che alla lunga producono disagio, solitudine, disperazione. “Uscire dal buio” affida il successo del percorso riabilitativo che porta il disabile di mente alla guarigione sociale e al lavoro ad altre strade che formano un tutt’uno con l’approccio relazionale. Tra queste è possibile identificare le seguenti vie: quella etica, che evoca il rispetto della dignità, della libertà, della privacy, riconosce la diversità, la storia e le esperienze pregresse; la via dei diritti, a mezzo della quale la persona con disagio viene aiutata a riassumere su di sé i pieni poteri di godere e di disporre della propria esistenza e delle sue cose; la via clinica, che passa attraverso il consenso e la compartecipazione dell’interessato al percorso curativo-riabilitativo che lo riguarda, superando l’impostazione orientata prevalentemente sul farmaco e facendo leva sulla prevenzione; la via estetica, costituita da luoghi di cura confortevoli, accoglienti, caldi, familiari, orientati all’autogestione e alla risocializzazione, permeati dal clima di umanità e di disponibilità e dal sentimento della bellezza, essenziale alla vita, antidoto alla dolorosa malattia dello spirito, espressione di creatività, di originalità comunicativa, di attivazione emozionale, di libertà. Viene inoltre suggerita la via ritmica, per mezzo della quale il Sofferente, attraverso la ricostruzione del proprio ritmo biologico, dinamico, psicologico, viene aiutato a riscoprire i fondamenti della vita e dei rapporti con gli Altri e con la natura, per ritrovare un possibile adattamento agli Altri e riequilibrare i disagi della mente. In ultimo viene esplorata la via sociale, essenziale per promuovere e valorizzare l’autonomia, il protagonismo e la pratica dell’inclusione e per ridurre i pregiudizi e lo stigma. Esplicitati i valori e gli approcci teorici e la metodologia che ha accompagnato la ricerca, viene poi presentata la procedura riabilitativa, articolata in obiettivi micro e macro (Azioni, Unità riabilitative capitalizzabili, Sezioni, Aree) i quali corrispondono ad altrettante capacità/abilità (diritti da godere, bisogni da soddisfare, conoscenze da recuperare e competenze da praticare) che il disabile deve poter acquisire in esito ai vari stadi del percorso riabilitativo: il Progetto, il Programma, il Modulo, l’Unità di verifica. Il modello proposto da Città Solidale si regge su un elemento cardine: il capitale intangibile, vale a dire la rete delle relazioni

positive, sia orizzontale (tra gli utenti del Servizio, tra gli Operatori) che verticale (tra Utenti, Operatori e Organizzazione), rete dinamica che deve essere sempre più sviluppata, premiando il merito e la qualità, la cultura della solidarietà, della co-operazione, perché costituisca un formidabile potenziale di valore e un moltiplicatore efficace di effetti curativi. Verranno poi illustrati gli originali strumenti prodotti e impiegati da Città Solidale nei percorsi di riabilitazione psicosociale, indispensabili ausili al lavoro dei Terapeuti, che consentono la replicabilità di questa buona pratica: la Guida per il Profilo Biografico, il Questionario per il Bilancio dei Diritti e dei Bisogni, la Tavola dei punti di forza e delle criticità, il Piano dei traguardi, la Guida per la verifica e la valutazione dei risultati, il Certificato dei crediti riabilitativi, il Piano esecutivo dell'Unità di verifica, il Patto riabilitativo e di Solidarietà con la città, le Guide per la elaborazione del Progetto del Programma e del Modulo. I Laboratori per la ricerca e la socialità e gli Opifici artigianali-industriali realizzati saranno descritti. Infine si illustreranno i principi della terapia del lavoro e il tema della definitiva fuoriuscita dei portatori di disagio dal circuito psichiatrico: Lavanderia Industriale, Servizio di ristoro collettivo, Vetreria artistica, Laboratorio di produzione del cioccolato e Bottega Solidale. Nel complesso un'esperienza di successo al servizio degli Ultimi.

Prevention and early intervention

41190

DEVELOPMENT AND EVALUATION OF A MENTAL HEALTH EDUCATION PROGRAM ON EARLY INTERVENTION IN HIGH SCHOOL STUDENTS: COMPARISON OF GENDER DIFFERENCES

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Aims: Mental maladjustments have been frequently seen in high school students in Japan. However, adolescents tend not to seek help from mental health specialists because of a poor understanding and negative image of mental disorders. The aim of this study was to develop and evaluate the effects of a mental health education program by sex differences in high school students for early intervention.

Material and Method(s): The questionnaires were administered to high school students from 2 high schools in Japan from October 2011 to January 2012. **Subjects and Methods:** Subjects were 420 first-year students (16 or 17 years old) from 2 high schools in Japan. The subjects were randomly divided into 2 groups by class; an intervention group (n=192) and a control group (n=228). The education program consisted of fifty minutes lectures. Subjects of both groups were assessed before and after the intervention using questionnaires based on the Attitudes towards Seeking Professional Psychological Help Scale (ASPH), the Knowledge of Mental Disorders (KMD), as well as scales of our own design. We used the t-test analysis of variance to evaluate help-seeking behaviour by sex differences. Role playing or lectures were adopted to deliver students mental health education program effectively. **Result(s):** The number of effective answers was 414 (99%). 233 were men and 181 women. We compared the score of Knowledge of Mental Disorders (KMD) between the intervention and the control group. Men in the intervention group increased 12 points from 10.3 points. The score was significantly higher in women, with 14 points from 11.9 points before and after intervention ($p < 0.001$). At baseline the level of knowledge in women was higher and was found to be enhanced further through the intervention. At baseline consultation knowledge of women was higher and was found to be enhanced more through the intervention. We compared the score of Attitudes towards Seeking Professional Psychological Help Scale (ASPH). In men, both in the intervention and in the control group, there were no significant differences between baseline and follow-up scores. In women the intervention increased knowledge significantly from 30.3 points and 29.3 ($p < 0.05$). **Conclusion(s):** We developed and evaluated a mental health education program on early intervention for high school students in Japan. The effect of the education program was compared in men and women. Knowledge had increased significantly in both sexes; women originally had a higher knowledge. A significant educational effect on the Attitude Consciousness was found only in women.

41825

CHARACTERISTICS OF THE PARTICIPANTS INCLUDED IN THE EARLY INTERVENTION PROGRAM FOR PSYCHOTIC PATIENTS*BOGOVIC A., RESTEK-PETROVIC B., MIHANOVIC M., KAMERMAN N., IVEZIC E., PAVLOVIC I., BODOR D.*

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OBJECTIVE: To present descriptive data about patients who participated in the Early Intervention Program for patients with psychotic disorders. **METHOD:** The Program offers structured psycho-educational workshops and psychodynamic group psychotherapy for patients and their family members. Descriptive data are collected at the point of inclusion and during the program. Data of those who were included in the outpatient part of the Program were compared to those of the patients who did not continue after hospitalization. **RESULTS:** 171 patients with psychotic disorders have been included during last three years. Descriptive data are presented (gender, age, education, employment, marital status, number of hospitalizations, duration of untreated psychosis - DUP). All the patients participated in inpatient part of the program, while 58.8% have decided to participate in outpatient part. Those who participated in the outpatient part differed from those who did not: there were more women, had a longer DUP, more of them were single and more students and fewer of those with permanent or temporary employment. **CONCLUSION:** Considerable number of patients did not participate in the outpatient part which could partly be attributed to their demographic characteristics. Therefore, this findings should be considered when implementing this Program in the future.

41837

RESEARCH ON USEFUL FACTORS TO IMPROVE WORKERS' MENTAL HEALTH*YASUDA Y., KANAI A.*

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The purpose of this research is to detect effective preventive factors against the mental health problems of workers. While workers' mental health problems are increasing companies are lately requested to tackle with the problem, but few factors have been found helpful for improving the mental health of workers who are in bad working conditions. In November 2010, questionnaires were collected from 240 workers, 114 men and 126 women ($M=41.6$ years old) to examine the usefulness of "assertive skill," "formation of career perspective" and "organizational commitment" for workers' mental health. The results of the analysis showed that each of these factors has a positive effect on a different aspect of workers' mental health problems. "Assertive skill" has significant positive impacts on psychosomatic disorder ($r=.31, p<.001$), depression ($r=.33, p<.001$) and anxiety ($r=.22, p<.001$). "Formation of career perspective" and "organizational commitment" significantly affects work depression ($r=.29, p<.001$; $r=.36, p<.001$, respectively). However, when all three factors were high, positive effect was shown to all mental health problems. ($R^2=.31, p<.001$). The results suggest that it is effective to combine some prohibitive factors against workers' mental health problems.

42679

FINDING SPACE TO MENTAL HEALTH. PROMOTING MENTAL HEALTH IN ADOLESCENTS (12-14 YEAR-OLDS): PRELIMINARY RESULTS OF THE PILOT STUDY*VIEIRA DE CAMPOS L., PALHA F., DIAS P., VEIGA E., DUARTE A.I.*

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Introduction. The lack of information and stigma associated with mental disorders are major obstacles to the promotion of mental health (MH). The Finding space to mental health: Promoting mental health in adolescents (12-14 year-olds) project aims to increase young people's mental health literacy (MHL). In the first year of the project the questionnaire to evaluate students' MHL, and the MH intervention were developed. **Objective.** This poster presents some results of the pilot study of the project, specifically the results regarding the appropriateness of the mental health intervention. **Design and Method.** The intervention is based in two sessions that cover information regarding MHL. The pilot study was carried out with adolescents ($N=70$), 55.7% boys and 40% girls ($Age=13.11$; $SD=0.81$). The impact of the intervention was assessed through the questionnaire developed,



which was administered at the beginning of the 1st and at the end of the 2nd session. **Results.** The post intervention assessment showed a significant increase in Knowledge (pre: $M=82.30, DP=6.31$; post: $M=90.04, DP=6.29$; $p=0.00$), First aid skills & Help seeking (pre: $M=41.95, DP=5.81$; post: $M=44.35, DP=4.86$; $p=0.00$) and Self-help strategies (pre: $M=25.19, DP=2.92$; post: $M=27.90, DP=2.45$; $p=0.00$). **Conclusions.** The results suggest the adequacy of the methodology used in the intervention, which contributes to students' improvement of MHL.

42132

IL TRATTAMENTO PRECOCE DEI DISTURBI PSICHICI GRAVI NEI GIOVANI. ESITI CLINICI DEL PROGETTO INNOVATIVO TR43

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INTRODUZIONE. Questo lavoro mostra uno studio di esito all'interno del progetto innovativo triennale "Prevenzione, individuazione e trattamento precoce dei disturbi psichici gravi nei giovani". Il razionale del progetto si basa sulle evidenze scientifiche che hanno dimostrato come l'individuazione precoce dei disturbi psichiatrici gravi ed il trattamento tempestivo, specifico ed integrato dei primi episodi possono influenzare favorevolmente la prognosi a lungo termine e prevenire le disabilità secondarie. **METODO.** Gli strumenti utilizzati per l'assessment, il monitoraggio e la valutazione degli esiti sono stati i seguenti: CheckList Eri-Raos, BPRS, GAF, Honos, Core-Om, SCL90, e una "Scheda-Paziente" di rilevazione di dati anamnestici, di eventuali ricoveri e degli interventi effettuati durante la presa in carico. Tali strumenti sono stati somministrati con cadenza semestrale. Il campione di riferimento è di 190 pazienti (età 16 - 30) arruolati o nel gruppo "esordio" o nel gruppo "a rischio". **RISULTATI E CONCLUSIONI.** Gli esiti del trattamento riguardano una riduzione della sintomatologia clinica statisticamente significativa e di impatto sulla qualità di vita dopo 6 mesi e a un anno di trattamento e di un continuo miglioramento statisticamente significativo rispetto alla baseline a 18 e 24 mesi. Interessanti sono i risultati ottenuti dal confronto con alcune scale che verranno illustrate nel poster.

42133

IL TRATTAMENTO PRECOCE DEI DISTURBI PSICHICI GRAVI NEI GIOVANI. IL MODELLO DEL PROGETTO INNOVATIVO TR43

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INTRODUZIONE. Lo scopo del poster è illustrare il modello operativo adottato nel progetto triennale, il lavoro clinico con gli aspetti organizzativi, il lavoro terapeutico con le criticità, il lavoro educativo con le difficoltà rilevate; il lavoro di rete con le azioni volte all'individuazione precoce delle situazioni a rischio, alla riduzione dello stigma e alla facilitazione all'accesso ai trattamenti, il lavoro con i consultori, le scuole, il volontariato e le associazioni; le difficoltà di integrazione con altri servizi e la ricerca scientifica. **METODO.** I criteri di accesso al Progetto differiscono per i pazienti con disturbo psicotico al primo contatto con il servizio e per quelli con fattori di rischio per esordio psicotico. Il modello operativo ha previsto una serie di ridefinizioni della modalità di lavoro precedentemente utilizzata e dell'organizzazione del lavoro stesso. **RISULTATI E CONCLUSIONI.** Le evidenze scientifiche sulle quali poggia il razionale del progetto e i risultati ottenuti dimostrano come l'individuazione precoce dei disturbi psichiatrici gravi ed il trattamento tempestivo, specifico ed integrato dei primi episodi possono prevenire le disabilità secondarie e migliorare gli esiti a lungo termine. Alla luce dell'esperienza, delle criticità e dei bisogni emersi si stanno approntando nuove azioni e si stanno aprendo nuovi scenari di lavoro.

42580

CHILDHOOD TRAUMA AMONG MIGRANTS: A POSSIBLE MEDIATOR OF THE INCREASED RISK FOR PSYCHOSIS?TARRICONE I.¹, CHIERZI F.¹, CHIRI L.¹, STORBINI V.¹, MORIGI R.¹, DE GREGORIO M.¹, NEGRELLI L.¹, TONIOLO I.¹, BELVEDERI MURRI M.¹, BERARDI D.¹, FIORITTI A.³, DONÉGANI I.³, MORGAN C.²¹ Institute of Psychiatry, Bologna University, ITALY, ² Institute of Psychiatry, King's College London, UNITED KINGDOM, ³ Mental Health Department Ausl Bologna, ITALY

Introduction: Migration is commonly viewed as an important risk factor for psychosis, but the underlying mechanisms are not yet clear. It has been suggested that specific psychosocial risk factors may mediate this association. Few studies have investigated the relationship between migration and childhood trauma and its role in increasing the risk of psychosis. Our aim was to compare the prevalence of childhood trauma between migrants and natives in a sample of patients with First-Episode Psychosis (FEP). **Method:** All patients were recruited during the first 13 months of EU-GEI study in Bologna. Of 25 patients assessed, 5 were external migrants (EM) and 6 were internal migrants (IM), mainly from the southern regions of Italy. Childhood trauma was assessed using the Childhood Experiences of Care and Abuse scale. **Results:** All indices of childhood trauma were more common among EM than among natives: early separation from a parent ($p=0.01$), early economic difficulties ($p=0.02$), lack of a supportive relationship with an adult ($p=0.02$) or with a peer ($p=0.04$). There were no statistically significant differences between natives and IM in terms of childhood trauma. **Conclusions:** Despite the limitations of our study, particularly the small sample size, our preliminary data suggest that also in Bologna childhood trauma is more common among patients with FEP who are also external migrants than among natives. This might further contribute to understand why higher rates of psychosis are observed in this group.

43360

PROGETTO GIOVANI MENTI: IL PUNTO DI VISTA DEGLI UTENTI E DEI FAMILIARI A PROGRAMMA 2000

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Introduzione. Nel 2006 con l'obiettivo di dare risalto al punto di vista dell'utenza, nasce il Progetto Giovani Menti, un gruppo formato spontaneamente da alcuni utenti che dopo un iter di definizione organizzativa continua a riunirsi settimanalmente. Gli operatori di Programma 2000 hanno deciso di sostenere il progetto offrendo spazio, supporto e finanziamenti stanziati da Cambiare la Rotta Onlus, che contribuisce a una parte delle attività. **Obiettivi.** Gli scopi del Progetto sono di collaborare per proporre nuove idee, interagire con l'équipe attraverso la partecipazione semestrale alle riunioni, organizzare momenti aggregativi, verificare la soddisfazione globale dell'utenza e diffondere informazioni riguardo l'intervento precoce nelle psicosi. Il presente lavoro consiste nel delineare un quadro complessivo della soddisfazione di utenti e dei familiari afferenti a Programma 2000. **Metodi.** Il gruppo Giovani Menti ha infatti creato due questionari per valutare rispettivamente la soddisfazione degli utenti e dei familiari. I questionari sono composti da otto domande e si propongono di raccogliere il grado di soddisfazione della struttura, dei servizi offerti e del coinvolgimento degli utenti come anche di accogliere proposte, idee e suggerimenti. **Conclusioni.** Illustrando i risultati di questo lavoro, il gruppo Giovani Menti contribuisce a realizzare quella attiva partecipazione e autodecisionalità progettuale, così importanti nel processo di recovery.



Rehabilitation and psychological interventions

38316

DEVELOPMENT OF THE COMPUTERIZED COGNITIVE BEHAVIOR THERAPY FOR OBSESSIVE-COMPULSIVE DISORDER AND ITS EFFECTIVENESS

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Objective. Cognitive behavioral therapy (CBT) is known to be the most effective for obsessive-compulsive disorder (OCD). Despite the effectiveness of CBT, many patients remain inadequately treated. That problem is due to the limited number of suitably trained therapists, the fear of stigma from receiving a mental health referral, and the travel distance to clinics. The purpose of this study is to develop computerized CBT (CCBT) for OCD in Korea and to examine its clinical effectiveness. **Design and Method.** Computerized OCD Therapy (COT, <http://www.ocdcbt.com>) was developed on basis of the standardized CBT manual. Twenty-four subjects constituted the CCBT group, and 25 constituted the therapist-guided CBT group (TCBT). To examine the effect of CCBT clinician- and patient-rated scales assessing OCD, depression, anxiety and social function were used. Frontal lobe function tests were also administered to predict the treatment response to CBT. **Results.** Both TCBT and CCBT groups showed significantly symptom reduction in Y-BOCS, BDI, and WSAS. Effect size for TCBT and CCBT were 1.42 and 1.55, respectively. CBT responder showed higher visuospatial organization ability and executive function before treatment than non-responder. **Conclusions.** CCBT reduces clinical symptoms and improves work/social abilities similarly to TCBT.

38415

A RANDOMIZED CONTROLLED PILOT STUDY OF COGNITIVE BEHAVIORAL SOCIAL SKILLS TRAINING (KOREAN VER.) FOR MIDDLE- OR OLDER-AGED PATIENTS WITH SCHIZOPHRENIA: A PILOT STUDY

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Objectives: The objective of this study was to evaluate the effectiveness of CBSST in patients with chronic schizophrenia. **Methods:** 26 middle- or older-aged hospitalized patients with schizophrenia were selected in a mental hospital. 11 participants were randomly assigned to CBSST treatment and 15 participants were assigned to usual treatment. CBSST was administered over 12 sessions for 6 weeks in single group and the participants were assessed by blinded raters for baseline, 6 and end of treatment. **Results:** Compared to patients with usual treatment, those with CBSST treatment showed a significant reduction of HAMD score, although scores for other psychiatric symptoms did not differ significantly. In terms of QoL analysis, scores of overall quality of life was more significantly increased in CBSST group than usual treatment group. According to ILSS, patients receiving CBSST performed social activities significantly more than the patients in usual treatment group. **Conclusion:** The results of this study suggest that CBSST could be an effective way for them, such as improvement of depressive mood, overall life quality and social activities. This study is a pilot study performed in inpatient treatment setting. The further studies are required to clarify the advantage of CBSST on chronic patients, esp. under outpatients setting.

38534

AN EXPLORATORY STUDY OF THE RECONSTRUCTION PROCESS OF CAREGIVERS' LIVES

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Caregivers who are responsible for the in-home care of family members who suffer from illnesses; experience anxiety and stress caused by the dramatic changes in their lifestyles. This study aims to qualitatively examine the psychological changes experienced by caregivers by analyzing their interviews and exploring a psycho-social support strategy. The subject was the wife of a patient with cerebrovascular disease living at home. Three interviews were conducted with the caregiver within six months after the patient was discharged to clarify the thought about reconstructing her life with the patient. Qualitative analysis revealed three factors of the caregiving experience: "roles

developed by searching within the life lived with the patient," "compromising between the patient's life and her life," and "the burdens." Each factor changed qualitatively as time passed. The subject not only cherished her role as caregiver, but also her roles involving jobs and hobbies. The latter roles led to happiness and satisfaction in her life while living with the patient. It is important to provide support for the continuation of caregivers' lifestyles by evaluating the awareness of their roles from a psycho-social standpoint.

40619

IL RUOLO DI DISPOSITIVI E MEDIA NELLA RICOSTRUZIONE IDENTITARIA

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Obiettivo. Verificare l'accompagnamento e la comprensione delle trasformazioni strutturali dell'utente nel percorso riabilitativo. **Metodo.** Seguire come il paziente si rapporta agli strumenti mediatori e comunicativi, mediante valutazione delle relazioni tra utente e operatori e tra operatori stessi. **Strumenti.** Supervisione; riunione operativa d'equipe. **Discussione e conclusione.** La relazione introduce all'uso di protesi e di strumenti ausiliari in soggetti solitamente restii ad avvalersene. A sua volta, il dispositivo contribuisce ad accompagnare la costruzione di un'identità più autonoma, capace di formulare domande e di applicare risposte pratiche, rapportandosi agli oggetti, ai materiali e ai dispositivi che mediano la rappresentazione della realtà ambientale.

40833

PROGRAMA DE INTERVENCIÓN GRUPAL CON PERSONAS CON ENFERMEDAD MENTAL EN EL AMBITO SOCIOCOMUNITARIO

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El Programa de Intervención Grupal en el ámbito Sociocomunitario (PIGASC) surge con la finalidad de incorporar a las técnicas de intervención comunitaria, mayormente individuales, la potencia de un enfoque grupal y de la metodología de autogestores para aprovechar, de una forma terapéutica y rehabilitadora, los efectos de los encuentros grupales formales e informales que habitualmente se producen normalmente entre los usuarios durante los procesos de intervención y seguimiento. El poster muestra las etapas, la metodología (pasos de intervención) y los resultados a los largo de los últimos años, medidas en termino de calidad de vida y participación en actividades. El perfil de los usuarios atendidos son mayormente personas con diagnóstico de esquizofrenia con graves dificultades de vinculación a recursos normalizados.

40878

PSYCHOLOGY AND THE PSYCHOSOCIAL CARE MODEL IN BRAZIL

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The Brazilian psychiatric reform resulted in the model called Psychosocial Attention, that still seeks to overcome the hospital-centered model. The Psychosocial Care is characterized by a focus on the social reintegration and rehabilitation, decentralized, intersectorial and interdisciplinary care, linking mental health to concepts of citizenship and quality of life and encouraging autonomy and social performance of users. The paradigm's transition engenders changes in concepts and practices of mental health services and in their organization, traineeship and professional development. In this perspective, teamwork is a key strategy, and psychology, as well as the other health areas, is involved in this process. Objective: This paper aims to present conceptions of psychologists from strategic Brazilian mental health services, about the main contributions of psychology to psychosocial care model. Design and method: Individual semi-structured interviews were conducted, recorded, transcribed and qualitatively analyzed. Results: Results indicate the multidisciplinary team instrumentalization as the main contribution of psychology, through sharing of psychosocial readings of treated cases and situations experienced, which include focus on the subjectivity and relationships experienced by users in its social environment and with the team members. Conclusions: As conclusion, psychologists can be considered important actors linking the team work with issues of psychosocial care model,

especially by presenting other elements for team, like the personal and developmental history of the patient, the social context, the relationships in family and in the territory, as well the focus on subjectivity.

41043

TRATTAMENTO DI RIABILITAZIONE COGNITIVA ASSOCIATA A TRATTAMENTO FARMACOLOGICO IN SOGGETTI CON MALATTIA D'ALZHEIMER (AD) NELL'AMBITO DEL PROGETTO AIMA...AMIAMOCI

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Obiettivo: verificare l'efficacia del trattamento in soggetti con (AD) lieve-moderata ed eventuali ricadute sul carico assistenziale ed emotivo dei caregivers. **Soggetti e metodo:** 23 soggetti con AD di grado moderato, sono stati sottoposti per nove mesi a trattamento giornaliero di Riabilitazione cognitiva e attività psicosociali. Il livello di compromissione cognitiva è stato valutato con MMSE, MDB, NPI, ADL, IADL, il carico per i caregivers con CBI. Un gruppo di 23 soggetti con AD (gravità analoga, comparabili per variabili demografiche al gruppo in trattamento) è stato utilizzato come controllo.

Risultati: il trattamento determina incrementi del punteggio medio al MMSE di circa 0.7 punti. Il gruppo di controllo, nello stesso periodo, evidenziava una riduzione di 2 punti; tale differenza risulta significativa. Il carico familiare al CBI, comparabile alla baseline tra gruppo sperimentale e controlli, si riduce nei pazienti trattati da 43.43 a 37.72, si eleva da 44.09 a 47.61 nei controlli. Su tale variabile la differenza è significativa. **Conclusioni:** trattamenti riabilitativi combinati mantengono il funzionamento cognitivo dei pazienti e alleggeriscono il carico dei caregivers.

41064

LA MINDFULNESS: IMPLICAZIONI TERAPEUTICHE RIABILITATIVE IN SOGGETTI ADULTI AFFETTI DA DISTURBI MENTALI GRAVI RESIDENTI IN COMUNITA

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Introduzione. L'approccio de "I Due Mari" alla riabilitazione psichiatrica con pazienti adulti si sforza di applicare, così come in tutti gli altri settori della Medicina, metodiche basate sulle prove di evidenza (Evidence Based Medicine) e quindi di verificare i propri interventi. L'attività di Mindfulness con pazienti psichiatrici è tesa a migliorare la percezione soggettiva delle situazioni stressanti attraverso una riduzione del livello d'ansia generalizzata rilevata nel campione. La riduzione del livello d'ansia attraverso il rilassamento e l'apprendimento in gruppo oltre ai naturali benefici di questa attività favorisce l'acquisizione di coping skills carenti e migliora la group cohesion tra i soggetti. **Obiettivi e metodi.** In questo lavoro si è voluto verificare come l'attività di Mindfulness appresa in gruppo ed effettuata con frequenza programmata potesse essere utile nella riduzione dell'ansia generalizzata e facilitasse l'apprendimento di coping skills carenti attraverso interventi cognitivo comportamentali. Un campione di 15 soggetti adulti con disturbi mentali gravi ospiti di una struttura terapeutico riabilitativa è stato inserito in un programma della durata di 10 mesi di Mindfulness abbinata ad interventi di tipo cognitivo-comportamentale (modeling, modellaggio, rinforzo differenziale, esposizione in vivo). La valutazione è stata effettuata tramite misurazione del livello d'ansia attraverso somministrazione della B.P.R.S., A.S.I. e C.O.P.E. vers. Brief per la valutazione delle coping skills. **Risultati.** In 11 casi su quindici si è evidenziato una riduzione della sintomatologia ansiosa e in altrettanti vi è stato un miglioramento nelle abilità di fronteggiamento dello stress dato da tecniche cognitive comportamentali e dalla funzione di facilitatore dato dal clima di coesione al termine del gruppo di Mindfulness. **Conclusioni.** Da tali dati, seppure da interpretare con prudenza in quanto vi è assenza di un gruppo di controllo, sembra di potere affermare che all'interno di un progetto terapeutico riabilitativo per pazienti adulti affetti da disturbi mentali gravi, l'attività di Mindfulness di gruppo a frequenza programmata, riducendo il livello d'ansia, facilita la partecipazione e l'apprendimento di strategie funzionali di coping apprese attraverso tecniche cognitive comportamentali. L'intervento nel suo insieme può validamente contribuire al raggiungimento degli obiettivi specifici di ciascuna attività.

41565

A STUDY ON THE EFFECT OF REMINISCENCE THERAPY ON FRONTAL LOBE FUNCTIONFUNAKI Y. ¹, KANEKO F. ², HIRASAWA R. ², OKAMURA H. ²¹ Hiroshima International University, Higashihiroshima, JAPAN, ² Hiroshima University, JAPAN**Objective:** To investigate the effect of reminiscence therapy on frontal lobe function.**Study1. Design:** We conducted a randomized controlled trial to assess the efficacy of reminiscence therapy. Twenty-seven elderly persons within a community participated for a total of 6 sessions; the control group comprised 26 persons who lived as usual for the same period. The cognitive function of the participants was evaluated on 3 occasions: 1 week before the start of the intervention and 1 week and 4 weeks after the completion of the intervention. **Result:** The FAB (Frontal Assessment Battery at bedside) scores of the participants improved significantly after the intervention.**Study2. Design:** In a pilot study involving 5 healthy adult participants, the cerebral blood was determined by near-infrared spectroscopic method using FOIRE-3000 during reminiscence. **Result:** The significant increase in the amount of cerebral blood flow was observed in 7 of 22 channels. In addition, most channels in which the amount of cerebral blood flow increased were located in the left hemisphere. Therefore, it was suggested that the activation of the left frontal lobe occurs during reminiscence. **Conclusion:** These results suggested that reminiscence therapy was effective in improving frontal lobe function. The interrelation between reminiscence therapy and frontal lobe function should be investigated further.

41804

LA RIABILITAZIONE IN GRUPPO: UN LABORATORIO RELAZIONALE

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Dal 2009 è attivo presso il Centro di Salute Mentale del Servizio Psichiatrico 3° di Padova un gruppo riabilitativo per pazienti con psicosi di recente insorgenza, di età compresa tra i 19 ei 30 anni, che ha accolto sino ad ora 11 pazienti. L'obbiettivo principale del gruppo è di lavorare sulle difficoltà ad entrare in relazione con l'altro che caratterizzano le patologie psicotiche all'esordio (Lieberman, 1994, Bellak et al. 1984, Hogarty et al. 1986), collegabili a stili relazionali disfunzionali. Il gruppo, di tipo Slow-open a cadenza settimanale, fa riferimento alla Teoria dei Costrutti Personali (TCP). Utilizza tecniche di validazione, costruzione di un ambiente di fiducia, sviluppo della sensazione che ci si comporta sulla base della reciproca conoscenza, nonché la tecnica del disegno. Come in un Laboratorio relazionale, vi si esercita nel riconoscimento dell'altro sviluppando un senso di appartenenza e di interdipendenza tra le parti che promuovono una dispersione delle dipendenze e la presenza di relazioni di ruolo. Il gruppo accede in modo funzionale a pazienti con isolamento sociale. Spazio reale con una propria memoria storica, ogni partecipante ha il suo ruolo e può riconoscerlo. Una maggiore consapevolezza e il decentramento rispetto alle problematiche divenute oggi narrabili è evidenziabile anche nella produzione grafica dei pazienti che sarà presentata.

41812

THE ROLE OF COMPUTERIZED COGNITIVE REHABILITATION IN PSYCHIATRIC DISORDERSRIVA A. ¹, SALOMONI G. ¹, DI CHIARO N.V. ¹, DACCÒ S. ¹, CAVEDINI P. ¹, PERNA G. ^{1,2,3}¹ Villa San Benedetto Hospital, Hermanas Hospitalarias - Department of Clinical Neurosciences, Albese con Cassano (CO), ITALY, ² University of Maastricht - Faculty of Health, Medicine and Life Sciences - Department of Psychiatry and Neuropsychology, NETHERLANDS, ³ University of Miami - Leonard Miller School of Medicine - Department of Psychiatry and Behavioral Sciences, USA**Objective.** Patients with psychiatric disorders often show deficits in different neuropsychological domains. Besides standard treatments, novel strategies specifically addressing the improvement of cognitive functioning are needed. Our pilot study investigated the efficacy of Computerized Cognitive Rehabilitation (CCR) strategies in reducing neuropsychological deficits and clinical symptoms in patients with different psychiatric disorders. **Design and Method.** Thirty-six patients (16 with Obsessive-Compulsive Disorder, 13 with Major Depressive Disorder and 7 with Psychotic Disorders) were recruited from inpatients undergoing a 4-week hospitalization for psychiatric rehabilitation. Fourteen patients underwent a standard psychiatric rehabilitation program (CCR-), while 22



underwent a Computerized Cognitive Rehabilitation protocol (CCR+) using RehaCom software. At the beginning and at the end of hospitalization, all patients were administered neuropsychological tests and psychometric scales. **Results and conclusions.** Our preliminary data showed a significant efficacy of CCR in ameliorating cognitive performances with respect to a standard psychiatric rehabilitation program. Patients CCR+ significantly improved decision making abilities, memory and learning strategies and reaction times compared to patients CCR-. Our preliminary data suggest a specific usefulness of CCR, in addition to standard treatments, in improving cognitive deficits in different psychiatric disorders. Further examinations in larger samples are needed.

41822

COGNITIVE FUNCTIONING AND OBJECT RELATIONS IN PSYCHOTIC PATIENTS TREATED WITH PSYCHODYNAMIC GROUP PSYCHOTHERAPY

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OBJECTIVE: To evaluate some aspects of cognitive functioning and object relations in patients with psychotic disorder during psychodynamic group psychotherapy process. **METHOD:** The study included young adult out-patients who participated in the Early Intervention Program for young patients with psychotic disorder, within the “critical period” of their disorder, five years from onset. At hospital discharge all patients have completed psycho-educational part of the program and most of them started with group psychodynamic psychotherapy. Patients filled out the Revised Beta Examination (i.e. a measure of non-verbal intellectual ability) at recruitment and at one and at three years after participation to the group psychotherapy and the Test of Object Relations (Žvelc, 1998) at recruitment and after three years. **RESULTS:** We found statistically significant improvement of cognitive functioning ($F=26.114$; $p=0.000$) with significant increase between the first and the third assessment ($p=0.000$) as well as between the second and the third ($p=0.000$). Considering object relations, we found a statistically significant decrease of symbiotic merging ($t=2.337$; $p=0.025$) at three years. **CONCLUSION:** The results of our study indicate a significant improvement in cognitive functioning and also a decrease of symbiotic merging in patients with psychotic disorders during group psychodynamic therapy within the Early Intervention Program.

42404

EMOTION REGULATION THERAPY FOR THE GENERALIZED ANXIETY DISORDER

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Traditional pre-post designs provide insufficient information about the mechanism of change. In this study we sought to shed light on the process of change in patients who undergone Emotion Regulation Therapy through the repeated assessment of ERT principles and symptoms. Participants were 43 patients who received a primary diagnosis of GAD, recruited from two university-based community mental health centers. Case Conceptualization Forms were used to record the client’s idiographic features though the nomothetic lens of EDM and ERTM’s driving principles. We believed that the systematic observation of the mediators identified by the theory of the disorder (i.e. EDM) and the theory of the treatment (i.e. ERTM) would have facilitated the understanding of the mechanisms that account for therapeutic change and hence those processes that ought to be maximized. In order to assess if and how the mediators of change evolved during the treatment, a series of paired t-test were conducted on the mediators for each phase of the treatment. Mediation analyses (partial correlations accounting for the baseline) assessed how changes in the mediators predicted changes in anxiety and depression symptoms, level of impairments, and perceived quality of life at post-treatment, and 3-months follow up assessments. Our results show that awareness, emotion-related skill building, and exposure variables, as assessed by the ERTM mediators, were the most indicative of change, thus the ones that should be fostered during the therapy. Analyses also revealed a not linear pattern of change, in which an increase in variability and loosening of old patterns at the beginning of the therapy process were followed by reorganization and stabilization. These preliminary results elucidate possible principles that reflect the complex, nonlinear ways that patients might change in psychotherapy, therefore possible targets that can facilitate symptom reduction and perhaps also promote psychological health.

42479

SERIOUS GAMES AND EMOTION TEACHING IN AUTISM SPECTRUM DISORDERS: A COMPARISON WITH LIFEISGAME PROJECT

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Objectives: Present empirically valid computer games in teaching emotions and facial expressions recognition for people with Autism Spectrum Disorders and compare them to the LIFEisGAME project. Understanding emotions is crucial for social interactions, enabling individuals to accurately recognize intentions of others and foster appropriate responses (Bal et al., 2009). People with Autism Spectrum Disorders have marked deficits in these areas with consequences to their lives. Recently, technology plays an active part in helping these individuals to understand emotions and recognize facial expressions (Baron-Cohen et al., 2004; Mota, 2012; Tanaka et al., 2010). LIFEisGAME is a serious game, developed in Porto University, empirically grounded, that recalls to state-of-art technology and aims to develop facial recognition skills in these children. **Design and Method:** Bibliographic research took place between February-August, 2011. Two independent researchers using key-words “Emotions”, “videogames or computer games”, and “autism or ASD”, recalled to EBSCO, Google and Google Scholar search engines, parents’ forums and registered special education organizations websites to look for computer games that aimed to teach emotions to people with Autism Spectrum Disorders. The methodology was based on content deductive analysis and games were characterized in terms of origin, objectives, target-population, emotions considered and game design. **Results and Conclusions:** We found 18 computer games, but only 6 showed empirically validated/published results. Majority had no reference to research work and no professionals of education or psychology were involved in game design. LIFEisGAME has the advantage of being a computer game that is empirically and theoretically grounded, uses front line technology and includes a multidisciplinary team of professionals in order to achieve scientific validation. Technology is a useful resource for Autism Spectrum Disorders (Golan & Baron-Cohen 2006), but research in this topic is necessary to avoid the misuse of non-scientific tools, that can lead to counter-productive interventions.

42488

SETTING UP AND SPREADING PERSONAL EFFECTIVENESS FOR SUCCESSFUL LIVING (PESL) SOCIAL SKILLS TRAINING IN SINGAPORE, ASIA

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Objectives: Social Skill Training is an evidence-based practice for persons with all psychiatric disorders; this is even more important for those recovering from schizophrenia and other psychiatric disability. Is Personal Effectiveness for Successful Living (Social Skills Training Groups) effective in Asia and how does these groups spread over 2 years? **Design and Method:** In Personal Effectiveness for Successful Living, participants are empowered to set personally relevant goals in life and work out weekly interpersonal goals that provide a stepwise pathway to long term goals in areas such as finding and keeping a job, improving family relationships, establishing independent living, acquiring stress management skills, developing social skills and problem-solving as well as inviting people to join in physical exercise for weight management. This is done in a small group setting of 5-8 trainees and homework is given out at the end. Staff from referring source are also encouraged to sit in and initially observed. These staff are then asked to be co-trainers in order to further enhance their own personal effectiveness during their own daily interactions with trainees. **Results:** Working on trainees’ Personal Goals is highly motivating with high attendance rates as well as high homework completion rate. Step by step small successes led to fulfillment of meaningful and satisficing long term goals. **Conclusions:** Using a 15-items Trainer Competency Checklist for debrief after every session had helped skilled up our staff and community partners who joined our groups. Increased competency led to spread of this modality with 5 groups running at out-patient setting, several launched by Community Partners and another launching Bilingual Chinese-English PESL.

42594

SOCIAL SKILLS TRAINING FOR PEOPLE WITH DEPRESSION

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Social skills training aims to help people with mental disorders to preserve those physical, emotional, social, professional and family situations that are important to them. The aim of this paper is to present a program of social skills training with patients suffering from depression. Participants in the program are people hospitalized in a psychiatric clinic at the time of participation in the program. The study included 36 patients of the experimental group and a control group of 36 persons. The groups were balanced according to diagnostic criteria and the number of participants. Pre-test and post-test were conducted as self-assessments of social skills before and after the program. Social skills training consisted of 12 group meetings, involving 12 members and a two social pedagogues as group leaders. Inclusion in the group work was preceded by an individual interview with each prospective member. Participants were informed about the presentation of this paper which was approved by the hospital ethics committee. Expected results are related to strengthened social skills of the experimental group, which makes it an essential part of the rehabilitation program of depressed patients.

42683

IL FALSO RICONOSCIMENTO DELIRANTE: CRITICITÀ NEL PERCORSO RIABILITATIVO DI DUE PAZIENTI AFFETTI DA CEREBROLESIONI ACQUISITEPRESCIUTTI M.G.¹, NATTA W.², GLORIOSO M.¹, MATTI A.¹¹Unità Operativa di Neuroriabilitazione per le Gravi Cerebrolesioni Acquisite, Istituto Clinico Salus, Alessandria, ITALY, ²Unità Funzionale di Neurologia, Istituto Clinico Salus, Alessandria, ITALY

OBIETTIVI: descrizione di due casi clinici di falso riconoscimento delirante sviluppatosi in seguito a una cerebrolesione acquisita. **MATERIALI E METODI:** le pazienti hanno manifestato un falso riconoscimento delirante, risoltosi poi spontaneamente, a distanza di un mese dall'evento acuto e nei confronti degli operatori coinvolti in aspetti chiave del progetto riabilitativo. Le pazienti sono state sottoposte a indagini cliniche e strumentali, inclusa una valutazione neuropsicologica. Verranno presentati i dati relativi alla tipologia della lesione, agli esiti delle indagini, al trattamento farmacologico e i risultati delle valutazioni neuropsicologiche. **RISULTATI:** i dati raccolti evidenziano alterazioni cognitive riconducibili a disfunzione dell'emisfero destro, che risultano in linea con i dati di letteratura. Le scelte terapeutiche e riabilitative sono state effettuate tenendo conto del peculiare quadro psicopatologico. **CONCLUSIONI:** I dati sembrano avvalorare l'ipotesi di una disfunzione a carico dell'emisfero destro. Il fatto che nei due casi riportati il falso riconoscimento si sia risolto spontaneamente attraverso un improvviso "insight" da parte del paziente è ancora poco chiaro e potrebbe rappresentare un interessante spunto per ulteriori approfondimenti.

42786

PROGETTO ENTROTERRA: L'ARTE DEI PASSI E DEI PENSIERIPAPAGNI S.A.^{1,2}, DE MATTEIS A.^{1,2}, GROSSO A.^{1,2}, PUGLISI R.^{1,2}, DE GIORGI S.¹¹ Dipartimento di Salute Mentale, Lecce, ITALY, ² Centro di Salute Mentale, Casarano, ITALY**Obiettivi**

La Gruppoanalisi è originata dalla necessità di gestire con efficacia ed efficienza le necessità cliniche di un gran numero di soldati traumatizzati durante la Seconda Guerra Mondiale a fronte della disponibilità di pochi terapeuti. Partendo dai presupposti teorici della gruppoanalisi, all'interno del DSM di Lecce, presso il CSM di Casarano, è stato sperimentato il "Progetto Entrotterra", teso ad offrire, attraverso un'attività di gruppo, una via di risanamento di quella frattura tra mondo interiore e mondo esterno caratteristico del disturbo mentale. **Metodi.** Conduttore: uno psicologo psicoterapeuta; Co-conduttore: un infermiere; Campione: 9 utenti del Centro di Salute Mentale di Casarano. Durata: 12 mesi. Fasi del progetto:

1. Esposizione del progetto ed individuazione degli interessi e delle proposte individuali.
2. Individuazione dei percorsi da effettuare e raccolta di materiale informativo.
3. Escursione periodica sui luoghi individuati dal gruppo.
4. Condivisione delle emozioni legate all'esperienza vissuta e delle riflessioni stimolate.

Scale di valutazione:

- Clinical Global Impression (CGI): al baseline e a 12 mesi
- Short Form 36 Health Survey Questionnaire (SF-36): al baseline e a 12 mesi

Risultati. Vi è stata una significativa riduzione dei punteggi medi in tutte le aree della CGI e della SF-36. **Conclusioni.** La conoscenza del territorio di appartenenza ha evidentemente rinforzato l'identità culturale e sociale di ognuno dei partecipanti favorendo la riappropriazione dei propri contesti di vita. L'integrazione dell'assetto cognitivo con l'esercizio fisico ha favorito la percezione delle emozioni ad essa collegate. L'attività di gruppo ha stimolato e disinibito positivamente una socializzazione più valida e vicina ai bisogni del paziente.

42914

IMPLEMENTATION OF A SELF-MANAGEMENT AND RECOVERY PROGRAM IN SOCIAL PSYCHIATRY

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Objective. To evaluate the implementation of the Illness Management and Recovery Program (IMR): an evidence-based rehabilitation program in modules of supported housing schemes. **Design and method.** A multi-case study involving five supported housing schemes was designed. Qualitative methods were used in collecting data. Consumers, staff and leaders were interviewed about their perspective on implementation of the program in practice. Both thematic and theoretical interpretations were performed. **Results.** IMR were implemented in two of the five schemes, mainly in groups. Individual-IMR was offered to consumers with cognitive difficulties. Three schemes were still in the process of implementation planning. One site also involved consumers in the IMR planning. Generally staff met IMR with great motivation and enthusiasm, though critical views on the program occurred when it comes to the content of the modules and to intercultural differences. Consumers found participating in IMR beneficial by offering social contact, encouraging hope, giving meaning in life and help in supporting self-management. **Conclusions.** IMR was found relevant to consumers in supported housing schemes. Challenges occurred when it came to planning and running the program in practice, such as having the skills, resources and competences to run the program and motivate consumers.

42938

ONCE UPON A TIME: REMINISCENCE THERAPY FOR ELDERLY PEOPLE WITH PSYCHIATRIC ILLNESSES

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Objective: Reminiscence Therapy (RT) is one of the most well-known therapeutic approach designed to address issues of particular relevance to older adults, such as dementia and depression. Reminiscence promotes communication and well-being. It works with early memories, which are often intact in older people, thus using and enhancing person's preserved abilities. Reminiscence therapy focuses on positive memories. While RT has been proved useful in dementia, little is known on its use in elderly people with psychiatric illnesses. **Method:** RT took place once a week with group sessions. Each meeting had a main theme proposed by the conductor. RT outcomes were: increase mnemonic abilities, increase the sense of belonging and acceptance by the group, thus reducing feeling of loneliness, increase awareness of the uniqueness of each patient and of the personal contribution of each participant. **Results:** seven patients participate in the group. A variety of media have been used to assist the act of remembering with different senses (photographs, music, smells or tastes). Patients produced artistic work ("the memory collage"). Each participant considered the group as an expression of his own individual identity. Additionally, they reported a reduction in feelings of loneliness and an increase in self-esteem. **Conclusion:** RT may encourage elderly psychiatric patients to actively share their past with others. Even if RT involves recalling memories it encourages the elderly to communicate and interact with others in the present.



43029

QUESTIONARIO SUL SESSO DEL TERAPUTA (TSQ): MEGLIO UN MEDICO UOMO O UN MEDICO DONNA?

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Obiettivo: Valutare l'importanza del genere del terapeuta all'interno della relazione tra medico e paziente in ambito psichiatrico. **Disegno e metodo:** Basandoci sullo studio di A. Delgado (2009) abbiamo formulato uno strumento di valutazione, il "Questionario sul Sesso del Terapeuta" (TSQ). Si tratta di un questionario autosomministrato immaginato al fine di indagare il vissuto del paziente affetto da patologia psichiatrica in relazione alle differenze di genere del terapeuta. Per farlo abbiamo reclutato un campione costituito da oltre 250 pazienti in trattamento specialistico per i principali disturbi psichiatrici a cui abbiamo somministrato il questionario TSQ. **Risultati:** Nel poster verranno presentati i dati ottenuti dall'indagine condotta dal Gruppo Giovani Psichiatri della SIP Ligure. **Conclusioni:** Il vissuto del paziente affetto da patologia psichiatrica in relazione al genere del terapeuta è differente nelle diverse circostanze indagate.

43246

COMMUNITY BASED REHABILITATION OF THE HOMELESS MENTALLY ILL PERSONS OF RURAL KERALA

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Jyothi Nivas is a model community based rehabilitation successfully implemented with Family atmosphere in the district of Wayanad in Kerala, South India, using limited resources. Wayanad- Most backward district in the State of Kerala. Area 2131 sq.kms. Population 7,86,623. 17 % Indigenous People. Occupation-Agriculture related. 1 % of the population of Kerala suffers from major mental illness (More than .3 million). InPatient Treatment Facility (Including 3 mental hospitals and private nursing homes in the State) Total No. of beds 2500. Causes. Alcoholism, erosion of family relationship, increasing individualism, high rate of unemployment, inability to fulfill high expectations in life. The number of the wandering mentally ill has increased and the professional help did not match in proportion to the increasing need. It was in this context that the non-professional social workers stepped into the arena with the support of the community. It was this scenario that prompted Jyothi Nivas Charitable Society to start programmes to rehabilitate the wandering mentally ill in Wayanad, with limited resource but with rich experience. Respecting the Human Rights of the Mentally Ill. Providing better care and treatment with family atmosphere. The "sick" will be treated as one of the family members- giving the care , love and consideration that one gets in one's home. This speed up the curative process. Different kinds of therapies are used to bring the "sick" back to mental health namely: Occupational ,Spiritual ,Music and Family Therapy. Each person is given occupation according to his taste, experience and expertism. The aim is to make him/her that he/she is not a liability but an asset to the society. The community should be sensitized to accept the mentally ill as anybody who suffers from any other physical illness. Families should be made aware of their responsibility. The family of the director with their 2 children live with the inmates under the same roof. Local community provide money and food as donation. Use the same facility. Volunteers help the inmates. The expense of an inmate per month around Rs.3000 includes everything.What happens to a cured person. He will be reunited with his/her family Or Find suitable employment for him / her Or If not married, a partner will be found to start a family Or Work as a volunteer in the Rehabilitation centre. This type of rehabilitation can be replicated in any country, provided It should be culturally acceptable and Community Supported.



43353

I "12 PASSI" DELLA "VITTIMA NASCOSTA" PER LA CURA DELLE PAROLE NELLA MALATTIA DI ALZHEIMER

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INTRODUZIONE. La diagnosi di Malattia di Alzheimer non coinvolge soltanto la persona malata ma tutta la famiglia. In particolare, il familiare che si prende cura, il caregiver, è stato riconosciuto come "la vittima nascosta" dell'AD. L'approccio Conversazionale e Capacitante (ACC) individua nella matrice culturale del Conversazionalismo i principi teorici e metodologici ai quali si ispira per la "cura" del paziente demente (Lai, 1993). Pur perdendo la capacità di comunicare, nel paziente Alzheimer rimane ancora preservata la capacità di sostenere una conversazione: è in questa dimensione che, pur fallendo gli scambi verbali nel loro intento informativo, è mantenuta viva la capacità di dare e prendere la parola a tempo debito (Vigorelli, 2004). Così intesa la conversazione diventa un "atto terapeutico". Le esperienze di isolamento verbale del paziente AD correlano con il suo deterioramento, incidono negativamente sulla sua qualità della vita e su quella del familiare, determinando quello che Vigorelli chiama "danno aggiuntivo", ossia quel danno che non proviene direttamente dalla malattia ma dalla cattiva interazione tra il paziente ed il suo ambiente di vita. Per tale motivo l'ambiente di vita dell'Uomo Alzheimer va rimodellato in base alle sue esigenze e concepito come spazio relazionale e strumento terapeutico. Il Gruppo ABC (Auto-aiuto, Balint, Conversazionalismo) si propone di agire indirettamente sul benessere del paziente partendo da quello dei familiari rendendoli "curanti esperti" nell'uso della parola e della relazione.

OBIETTIVI. Valutare le variazioni del benessere psicologico, della QL e del comportamento verbale del familiare in seguito alla partecipazione ad un Gruppo ABC. **MATERIALI E METODI.** Due Gruppi ABC, composti ciascuno da 8 familiari di pazienti con AD, hanno previsto rispettivamente 5 incontri presso il Cerip del Policlinico "G. Martino" di Messina. Durante gli incontri sono stata progressivamente somministrate, attraverso i "12 passi", specifiche tecniche conversazionali e suggerimenti pratici per migliorare la relazione/conversazione con il proprio caro affetto da AD. È stata valutata la qualità della vita generale all'inizio ed alla fine di ogni gruppo tramite il QL-Index (Spitzer et al. 1981), volto ad esplorare 5 item (Attività, Vita Quotidiana, Salute; Supporto, Stato d'Animo). È stato inoltre somministrato il Questionario iniziale e finale ai familiari partecipanti ai Gruppi ABC relativo agli stili comunicativi con il paziente Alzheimer prima e dopo la partecipazione al Gruppo. La valutazione dei risultati dei Gruppi ABC si è basata sulla rilevazione dei cambiamenti verbali e relazionali percepiti dai caregiver in diverse aree (il comportamento verbale del caregiver, il comportamento verbale della persona con AD, il benessere del caregiver e del paziente). **RISULTATI:** La partecipazione al Gruppo ABC migliora il benessere psicologico e la QL del familiare, riduce l'isolamento verbale della persona affetta da AD e favorisce la creazione di un ambiente capacitante in cui si vede migliorare la relazione familiare-paziente. **CONCLUSIONI.** Il gruppo ABC rappresenta un percorso di "12 passi" che mira al miglioramento della qualità della vita delle persone coinvolte dalla malattia di Alzheimer evidenziando la necessità di occuparsi dei caregiver non soltanto in funzione del loro supporto al familiare con AD, ma anche in relazione ai loro bisogni, ai loro desideri e alle loro aspettative. I Gruppi ABC hanno, dunque, come obiettivo finale il conseguimento del benessere del nucleo familiare. Attraverso il lavoro sperimentale svolto è stato possibile utilizzare la presa di coscienza delle parole e del non verbale come validi sistemi "curanti", gli stessi grazie ai quali è stato possibile ridurre, per quello che è possibile, la sofferenza che un danno cerebrale inevitabilmente porta con sé. Bibliografia:

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43446

REHABILITACIÓN DEL DETERIORO COGNITIVO EN LA ENFERMEDAD CEREBROVASCULAR ISQUÉMICA

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Introducción: El deterioro cognitivo leve, se caracteriza por un compromiso fundamentalmente en la memoria, haciéndose la salvedad que esta disfunción no obedece a otro trastorno funcional. Lo anterior en muchas ocasiones ha guardado relación con síntomas de algunas demencias. **Objetivos:** Determinar la presencia del deterioro cognitivo en un grupo de pacientes con diagnóstico de enfermedad cerebrovascular isquémica adscritos a la institución prestadora de servicios de salud. Establecer agrupamientos válidos en relación con los síntomas de la enfermedad cerebrovascular isquémica en presencia de un patrón de oro diagnóstico "Deterioro cognitivo leve". (DCL). Efectuar una valoración neuropsicológica del deterioro cognitivo, producto de una lesión isquémica. **Pacientes y Métodos:** La muestra no aleatorizada estuvo conformada por 30 participantes adultos, con enfermedad cerebrovascular isquémica, evaluados en dos momentos al alta clínica y a los tres meses y 30 participantes sin enfermedad. 2 cerebrovascular con edades comprendidas entre los 45 y 83 años con una media 65,13. El promedio de años de educación fue de 7,43, se les aplicaron: Mini-Examen de Estado Mental (MMSE), Test del Reloj (CDT), Test Vocabulario de Boston (TBV), Test de Aprendizaje Auditivo Verbal de Rey /RAVLT), Test de Trazados (Rastreo) (TMT), y el Test de Asociación Controlada de Palabras (COW). Para el análisis estadístico se estratificó la muestra por edades, de acuerdo al tipo de prueba psicométrica de modo que se tuviera el respectivo análisis de grado de severidad. **Resultados:** La arquitectura factorial de las diferentes pruebas de atención, conciencia, habilidad visoespacial, memoria y función ejecutiva evaluada al momento de la alta clínica y a los tres meses del episodio cerebrovascular lo cual explica la varianza, tanto en los casos como en los controles. En ambos grupos se encontraron factores como los resultados en pruebas como el Test del Reloj (CDT), el Test de Aprendizaje Auditivo Verbal de Rey, el Test de Vocabulario de Boston y el Test de Trazados (Rastreo). **Conclusiones:** Tanto en el grupo evaluado al momento del alta como a los tres meses con enfermedad cerebrovascular isquémica como en el grupo control, se observa una estructura factorial diferente, por lo cual la hipótesis nula se acepta al presentar los pacientes con enfermedad cerebrovascular isquémica luego de un tiempo determinado del accidente cerebrovascular (ACV), diferencias sutiles pero significativas en el deterioro cognitivo leve.

43497

IMPLEMENTING A PSYCHOEDUCATIONAL INTERVENTION FOR BIPOLAR DISORDER: AN ITALIAN EXPERIENCE

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In 2009, the Laboratory of Epidemiology and Social Psychiatry of Mario Negri Institute received a grant for a project on dissemination and implementation of information and psychoeducational interventions for people with bipolar disorder. This project is part of the European initiative ENBREC (European Network of Bipolar Research Expert Centres), a network of centers specialized in research on bipolar disorder in France, Germany, Italy, Norway, Spain and England. An agreement was established with the Department of Mental Health of San Carlo Hospital Trust in Milan, providing adult mental health services to a catchment area of 290,000 inhabitants. The aim was to implement a pilot study aimed at evaluating the feasibility of delivering psychoeducation to bipolar patients in real world practice of community based mental health centres in Milan. A psychosocial intervention was developed. It consisted of a 12 fortnightly sessions of the duration of 1h30, held in a community based mental health centre in Milan. Main focus was on illness information, self-help, enhancement of coping skills, early warning signs and homework. This poster will present the relevant contents of the psychoeducational package, and results of the pilot study.



Drug treatment and neurobiology

40631

PALMITATO DE PALIPERIDONA: FUNCIONAMIENTO GLOBAL Y TOLERABILIDAD

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INTRODUCCIÓN: Neurolépticos LP, mejoran funcionamiento global de pacientes. Por mejoría de adherencia a medicación, y menor incidencia de efectos secundarios. **OBJETIVOS:** pacientes tratados con neurolépticos LP de última generación (Palmitato de Paliperidona), mejoran adherencia a medicación y elevan funcionamiento global, mas que pacientes tratados con RILD o con neurolépticos orales. **METODOLOGIA:** Estudio prospectivo, de 85 pacientes con diagnóstico esquizofrenia DSM-IV: 35 tratados con Palmitato de Paliperidona (G I), 25 pacientes tratados RILD (G II) y 25 pacientes tratados NL orales (G III). Se valora funcionamiento global escala EEAG, DAI, AIMS y (BARS). Evaluación: M3, M6, M9, M12. **RESULTADOS:** M0, EEAG, DAI, AIMS, BARS: G I: 47,4; 14,1; 35,6; 18,3. G II: 46,4; 13,2; 36,2; 17,9. G III: 49,7; 15,4; 35,4; 17,3. M3, G I: 67,8; 17,5; 29,4; 15,7. G II: 61,4; 16,8; 39,2; 19,5. G III: 54,3; 15,3; 37,4; 18,3. **CONCLUSIONES:** Los pacientes tratados con Palmitato de Paliperidona tras tres meses de tratamiento, presentan una mejoría estadísticamente significativa en su funcionamiento global (EEAG), en la DAI y en el perfil de efectos secundarios (AIMS y BARS) respecto a los grupos II y III. **CONCLUSIONES:** Los pacientes tratados con Palmitato de Paliperidona tras tres meses de tratamiento, presentan una mejoría estadísticamente significativa en su funcionamiento global (EEAG), en la DAI y en el perfil de efectos secundarios (AIMS y BARS) respecto a los grupos II y III.

41879

IMPROVEMENT IN SOCIAL FUNCTIONING AND SATISFACTION WITH MEDICATION AFTER SWITCHING TO DEPOT TREATMENT

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The patient, a 25 years old women; with a diagnosis of schizophrenia, has been in psychiatric treatment for the past six years. She was treated with different antipsychotics and after her condition had stabilized she stopped taking medications. During treatment with haloperidol and fluphenazine she experienced extrapyramidal symptoms. During treatment with risperidone disturbances of menstrual cycle occurred. During treatment with clozapine hypersalivation and sedation occurred. Treatment with olanzapine depot (210 mg every two weeks) was initiated during the last hospitalization. After the second injection of olanzapine depot the patient became more cooperative, her mood improved, she joined the socio-therapeutic program and expressed satisfaction with treatment. Delusions of reference which were the main cause for the hospitalization faded. After discharge from the hospital the patient continued coming to the hospital every two weeks to receive olanzapine depot. After each injection she remained in the hospital for several hours and was could therefore be included in the sociotherapeutic activities. She is successful on her studies, again and she is satisfied with that. She said that taking oral medications every day had been a problem for her in the past and that this had been the main reason for discontinuation of treatment.

41883

PHARMACOTHERAPY AND SOCIO THERAPEUTIC METHODS IN TREATMENT OF PATIENT WITH BIPOLAR DISORDER – CASE REPORT

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Patient, 34 years old, with diagnosis of bipolar disorder, was admitted to the hospital due to worsening of symptoms of mania. At the beginning of treatment her clinical condition was characterized by disorganized behavior, elevated mood and insomnia. Before admission to the hospital her functioning at work was impaired, she only slept for several hours during night, and the rest of the time she was



listening to music, singing and shopping. Prior to worsening of mental condition she discontinued therapy with olanzapine due to increase in body weight. Treatment with topiramate was initiated in the hospital, along with fluphenazine and diazepam. Zolpidem in the evening was introduced also, but soon discontinued due to improvement of sleep. Fluphenazine was discontinued after appearance of extrapyramidal symptoms and treatment with risperidone was initiated. The patient was included in the sociotherapeutic activities in the hospital. She managed to participate in such activities and expressed the satisfaction with the improvement in her social functioning. After discharge from the hospital she continued coming to the hospital once a week and participating in the sociotherapeutic activities. The period of stable mental condition continued, her functioning at work improved, as well as social functioning in general.

42621

INTERHEMISPHERIC TRANSFER IN SCHIZOPHRENIC AND BIPOLAR PATIENTS

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INTRODUCTION: The corpus callosum (CC) is the most important connection between the two cerebral hemispheres. Dysfunction of the CC can lead to deficits in neuropsychological tasks and give rise to psychiatric illnesses. We investigated whether there are functional abnormalities in interhemispheric transfer (IT) in schizophrenic and bipolar patients. **METHODS:** 50 medicated schizophrenic, 51 medicated bipolar and 50 matched controls were tested in a simple manual reaction time (RT) paradigm with laterally presented visual stimuli designed to provide a behavioural estimate of IT. The subjects had to press a button as quickly as possible with the index finger. Hemifield of stimulus presentation and hand used for response were random alternated. **RESULTS:** In schizophrenic patients (but not in bipolar patients) we found an unusually prolonged RT in the two conditions involving the right hand. This difference was statistically significant. **CONCLUSIONS:** Our results demonstrate the existence in schizophrenic patients of a consistent slowing down of simple visuomotor responses subserved by the left hemisphere. We didn't find a positive correlation between length of RT and scores on the scales of positive and negative schizophrenic symptoms (Andreasen & Olsen, 1982). The results are still controversial and it remains unclear how they could influence clinical practice. **REFERENCES:** Andreasen, NC, & Olsen, S. (1982). Negative versus positive schizophrenia: Definition and Validation. *archives of General Psychiatry*, 39, 789-794.

43354

INSIGHT AND QUALITY OF LIFE IN SCHIZOPHRENIA: ANTIPSYCHOTICS COMPARISON

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Introduction. Into the psychiatric lexicon the terms of insight defines the degree of awareness of illness. A better compliance, better outcomes and an improved quality of life are related to the presence of insight in schizophrenic patients. The use of atypical antipsychotics provides a better cognitive function and consequently an increase in insight levels [1], [2]. **Objectives:** To assess antipsychotics treatment effects into insight and its relationship with psychopathological picture and quality of life. **Materials and Methods.** We designed our study as an observational one of 6 months of duration, visits were scheduled at three points (0, 3 and 6 months). We included 55 patients affected by paranoid schizophrenia diagnosed on DSM IV TR criteria, that need a change in therapeutic regimen, for different reasons (inefficacy, presence of side effects or the presence of contraindications to further treatment), and, major inclusion criteria, starting a new one with the drugs focused in the study. We included 15 patients in treatment with olanzapine, haloperidol and aripiprazole, and 10 in treatment with ziprasidone. The posologic regimens were 10 to 20 mg/die for olanzapine, 2 to 9 mg/die for haloperidol, 10 to 30 mg/die for aripiprazole and 80 to 160 mg/die for ziprasidone. The populations were homogeneous for age and sex. Rating scales used were SAI for insight, PANSS for psychopathological picture and SF-36 for quality of life. **Results.** For each of the objectives proposed, the results were almost in agreement to the literature analyzed [3]. The psychopathological features in terms of PANSS were worse in the haloperidol and olanzapine populations, in particular in the negative subscale. All drugs studied showed a good action on insight with an improvement

in both quality of life and psychopathological picture in terms of positive and negative symptoms ($p < 0.00$); this trend was present also in the haloperidol group but it was not statistically significant in terms of SAI. Comparing various antipsychotic with ziprasidone, it is possible to state that ziprasidone gives an improvement of the SAI and PANSS superior to other treatments especially when compared with haloperidol ($p < 0.02$). The insight at the beginning of treatment with ziprasidone appeared to be predictive for improvement of total PANSS and its subscales. It is possible to identify a linear relationship between the increase of this and the improvement of the psychopathological features ($p < 0.03$), but not for quality of life in terms of statistical significance. CONCLUSIONS. Improvement in insight levels seems to be correlated with improvement of psychopathological features and, in particular, at the beginning of treatment with ziprasidone levels of insight can contribute to predict response in terms of PANSS (positive and negative subscales). We observe an improvement in quality of life, during treatment, and it seems not to depend on the antipsychotic drug in use, because no difference was found in comparison to different drugs. Our hypothesis is that it could be related the improvement of insight and psychopathological features, but we need more data to confirm this consideration in terms of evidence and a more sensitive instrument to evaluate. The available data demonstrate the need to extend the observation to a larger number of subjects to confirm these results. REFERENCE(s). [1] Boyer L, Aghababian V, Richieri R, Loundou A, Padovani R, Simeoni MC, Auquier P, Lançon C., 2012. Insight into illness, neurocognition and quality of life in schizophrenia - Progress in Neuro-Psychopharmacology & Biological Psychiatry 36, 271-276. [2] Kurtz MM, Tolman A., 2011. Neurocognition, insight into illness and subjective quality-of-life in schizophrenia: What is their relationship? - Schizophrenia Research 127,157-162. [3] Stefanopoulou E, Lafuente AR, Saez Fonseca JA, Huxley A., 2009. Insight, Global Functioning and Psychopathology amongst In-patient Clients with Schizophrenia - Psychiatr Q 80,155-165.

43811

LITHIUM USE AND DISCONTINUATION IN LOMBARDY IN YEARS 2000-2010

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Non-adherence to lithium (Li) has been found prevalent in clinical practice. Poor adherence to mood stabilizers can predict increased risk of recurrence. The aims were to calculate the prevalence and incidence of Li use in a large catchment area in the Lombardy region (Italy) and to estimate treatment adherence. The present study is based on the analysis of Li utilization from 2000 to 2010. Dispensing data of all community-dwelling residents, representing about 30% of the whole Lombardy population, were drawn from the regional administrative database. In females, the prevalence rate per 10 000 of Li users went from 16.67 in 2000 to 17.04 in 2010. In males, it went from 13.70 to 14.39. Incidence rate per 10 000 of new Li users went in females from 4.28 (2001) to 3.88 (2010). In males, it went from 4.24 (2001) to 3.54 (2010). The yearly ratio of Li former users who were no more in treatment went from 25% (2000) to 19% (2010) in females, and from 26% (2000) to 22% in males. These preliminary results show a certain stability across the years of Li dispensing in the studied population. However, to better understand how the observed trends might have reflected the changes in the pharmacological treatment of bipolar disorder occurring in the last decade further analyses are needed. To delve deeper into the analysis of Li discontinuation treatment persistency was determined through the defined daily dose (DDD) unit and in accordance with the 1/6 rule by Johnson and McFarland. Time to treatment discontinuation will be estimated through a Kaplan-Meier survival analysis.

Recovery-oriented services and service organization

38516

FOR A PSYCHIATRIC NURSING CLINIC: THE EMPATHETIC INTUITION AS A PROPOSAL OF THEORETICAL MODEL

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The object of the study is to construct assumptions to guide psychiatric nursing care process. the symbolic interactionism was adopted as theoretical background. the grounded theory was the



methodological approach enabling us to formulate orderly abstractions from real-life data. The data highlighted two main results: training people who care, which is related to the training of the nursing staff; and the nonrecognition of subjective care psychiatric nursing, which refers to the idea that high quality care is not recognized by the nurse. By interconnecting both results, we were able to formulate the theoretical model, empathetic intuition as a care strategy of the psychiatrist nurse. We identified a process based on different elements (experience, empathy, technical knowledge and intuition) and through the development of these elements we were able to identify that nurses can recognize high quality nursing care through empathetic intuition.

39051

DISAPPROVAL RATE FOR THE CONTINUING HOSPITALIZATION FOR MENTALLY ILL IN-PATIENTS IN GYEONGGI-DO

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Objective: This study was to explore the current status of the judgment system for the continuing hospitalization of long-term mentally ill in-patients. The judgment committees of continuing hospitalization has been held every month since 1997. **Methods:** From the twenty-three judgment committees of continuing hospitalization in Gyeonggi-do, the decisions made by twenty-two judgment committees in August, 2010 were gathered for the analysis. The total numbers of requests and the disapproval rate of continuing hospitalization were calculated. And the request for better services and discharge were also explored. **Results:** The total number of patients requested for the judgment of continuing hospitalization was 1,805 in August 2010. One hundred and forty-three patients were disapproved for the continuing hospitalization so that disapproval rate was 7.9 percentages. The number requested for better services was sixteen of which eleven were turning down. Out of 159 patients requested for discharge, only 5 patients were approved for discharge. **Conclusion:** Since the judgment committee for continuing hospitalization had been subdivided into local governments in 2009, the disapproval rate for continuing hospitalization were showed the trend of increment. This suggests that more novel and efficient system for reviewing the long-term hospitalization is required.

40149

DISCHARGE BARRIERS FOR SENIORS WITH DEMENTIA AND/OR MENTAL ILLNESS FROM A PSYCHIATRIC INPATIENT HOSPITAL TO CONTINUING CARE FACILITIES IN COMMUNITIES

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OBJECTIVE. Transitioning of seniors with dementia/mental illness from a psychiatric inpatient hospital to a continuing care facility in communities is a complex process, involving multifaceted discharge planning to ensure a successful placement. The objective was to determine barriers to discharge along this continuum of care. **DESIGN AND METHOD.** A mixed method approach consisting of quantitative and qualitative methods. The qualitative approach consisted of six focus groups and the quantitative approach included a Facility Manager Questionnaire and a Staff Questionnaire. **RESULTS AND CONCLUSIONS.** Barriers identified: not enough time to provide levels of care required for clients (77%); poor ability to manage aggressive behaviors (physical and/or verbal) (71%); need for better mental health support and follow-up (70%); lack of skills/expertise needed to work with clients (63%); physical layout of facilities does not allow for safe supervision of clients (46%); concerns regarding "not enough beds for future needs"; issues related to rural/isolated communities (lack of services, transportation issues).

Improvement areas include: review of staff/client ratios in Continuing Care facilities, provide continuous mental health education for staff, develop specialized environments to manage needs of clients with complex requirements, and improve access to mental health support and follow-up.



40622

RICERCA DI RILEVAZIONE OGGETTIVA E SOGGETTIVA DI UN PROCESSO DI RECOVERY NEL DSM DELL'ASL BI

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Oggetto: presentazione di un progetto di ricerca orientato a rilevare e a confrontare : parametri oggettivi, riconosciuti come indici predittivi, di un processo di guarigione nella salute mentale, e parametri soggettivi considerati fondamentali per il miglioramento della qualità di vita definiti dai fruitori dei servizi del DSM dell'ASL BI. **Metodologia:** la ricerca è nata all'interno di una sperimentazione di partenariato tra pubblico e privato per la co-gestione di Progetti Riabilitativi Personalizzati (PRP) attraverso l'attivazione di Budget Individuali di Salute (BIS) di diversa intensità riabilitativa; ha visto coinvolti utenti del dipartimento di salute mentale inseriti nei servizi. Un gruppo di utenti dell'associazione diritti e doveri ha partecipato alla realizzazione delle domande e alla somministrazione. **Risultati:** realizzazione di un questionario, somministrazione e realizzazione di slide di sintesi dei risultati emersi, discussione e confronto allargato a utenti, operatori e famigliari. **Conclusioni:** l'esperienze evidenzia come il concetto di recovery ha assunti diversi nei medici curanti , utenti , operatori e famigliari. L'esperienza realizzata con processi attivi e condivisi ha permesso di aprire un confronto tra i diverse parti coinvolte nei percorsi terapeutici utilizzando modalità che favoriscono l'empowerment e arricchiscono lo scenario e le opportunità per tutti gli attori coinvolti nel processo di recovery.

40671

LA RETE LIGHEA - UN MODELLO INTEGRATO DI CURA NELLA CITTÀ DI MILANO

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Obiettivo dell'intervento è quello di realizzare l'integrazione nel tessuto sociale del paziente psichiatrico, superando isolamento e emarginazione, portandolo a vivere la sua quotidianità accanto ai "normali", ai "sani", nonostante la patologia. A questo scopo è stata realizzata una rete di strutture e servizi integrati predisposta per dare risposte efficaci ai diversi bisogni dell'utenza: tre comunità terapeutiche a diverso grado di protezione ubicate in quartieri residenziali della città; spazi attrezzati per attività espressive nel quadro di programmi riabilitativi individuali diversamente modulati; alloggi indipendenti che godono di assistenza domiciliare, dove i pazienti di comunità vengono trasferiti con l'assistenza dell'équipe curante, mantenendo rapporti assidui con il gruppo ospiti ed ex ospiti. I pazienti si muovono all'interno di questa rete nelle diverse fasi del percorso terapeutico, un percorso raramente lineare, che comporta sovente battute d'arresto, momenti di crisi, fenomeni regressivi. Tutti i passaggi, inserimento in comunità, trasferimento dall'una all'altra struttura, modifiche del programma riabilitativo, avvengono con gradualità, rispettando i tempi del paziente. L'offerta molteplici permette di dare risposte adeguate alle diverse tappe di un iter spesso accidentato: stimoli e supporto in situazioni evolutive, protezione e contenimento in caso di crisi, senza mai rinunciare a una dimensione di progettualità.

40760

ACCOMPLISHING A NATIONAL MENTAL PROGRAMME IN PORTUGAL: A MID-TERM REVIEW

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Introduction: In 2006 the Government launched a new Mental Health Plan (MHP), written in the spirit of international principles, including the WHO 2001 Global Mental Health Report and the Helsinki European Declaration. **Objective:** a) To complete an assessment of the present status of mental health services (MHS) in Portugal and b) To identify the main challenges in implementing the MHP. **Method:** The degree of implementation was evaluated by a) a mid-term review conducted by the Portuguese National Coordination for Mental Health and b) an assessment mission led by WHO-Europe. **Results:** So far the MHP has been fairly implemented. Major achievements include:



closure of psychiatric hospitals (40% of chronic patients deinstitutionalized), launching of 20 MHS for adults, children and adolescents, training of 600 professionals, sponsoring of 46 community MH projects, launching the residential and supported care network with the Health and Social Affairs Ministries. **Conclusions:** Major challenges remaining are: a) To increase provision of crisis services and residential places, b) To strength the role of primary care services regarding common mental disorders, c) To reinforce the role of non-medical professionals in MHS and d) To change the financing system that has disincentives to establish community based services.

40795

THE PAST, THE PRESENT, AND THE FUTURE OF SUPPORT FOR THE PEOPLE WITH MENTAL DISABILITIES IN JAPAN. 1: HISTORY OF THE SUPPORT SYSTEM FOR THE PEOPLE WITH MENTAL DISABILITIES IN JAPAN.

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In this paper, the history of support system for people with mental disabilities in Japan is overviewed.

In Japan, the necessity for a community rehabilitation center other than a mental hospital came to be recognized in the late 1980s. However, in the present the support system based on mental hospitals has not still changed. Therefore, in our country the mental health care system must change from being hospital-centered to being community-oriented. The historical background of this situation has been considered from the following three sides.

1. The social situation of surrounding a people with mental disabilities.
2. The changes of the law for people with mental disabilities.
3. The development of psychiatry.

40796

THE PAST, THE PRESENT, AND THE FUTURE OF SUPPORT FOR PEOPLE WITH MENTAL DISABILITIES IN JAPAN 2: THE PRESENT CONDITION OF THE MENTAL HEALTH CARE SYSTEM IN JAPAN

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In this paper, the present condition of mental health care in Japan is explained in detail. Most mental health care in Japan is provided in centralized psychiatric hospitals. Compared with other countries, Japan allocates more hospital beds to patients with mental illness. Average time of hospitalization is also comparatively long. Japan's mental health care system is finally making the transition towards community care. However, there has yet to be a significant decrease in the number of psychiatric patients in the hospital, the number of psychiatric beds available, or the average number of days in the hospital. There are many problems in the provision of psychiatric care and welfare for mentally disabled in Japan. These two models of care do not collaborate effectively leading to the overall system not functioning properly.

40847

THE PAST, THE PRESENT, AND THE FUTURE OF SUPPORT FOR PEOPLE WITH MENTAL DISABILITIES IN JAPAN 3: EFFECTIVE HOSPITAL DISCHARGE SUPPORT FOR PEOPLE WITH MENTAL DISABILITIES IN JAPAN

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In this paper, effective psychiatric hospital discharge support is examined based on the results of our investigation. The investigation involved researching different discharge support services offered by psychiatric hospitals, government agencies and community rehabilitation centers. By conduction, interviews with both staff and long-term patients of each of the three institutions, information was gathered on the strengths and weakness of the discharge procedures. A model of effective discharge support was then constructed based on effective practices observed at each institution. The model

shows that patients who are enthusiastic about being discharge into community care are more successful in this adjustment. Therefore, this is a feeling that should be promoted in the Japanese mental health care system through collaboration both psychiatric care and welfare services. In order to deliver effective discharge support in Japan using this model, the following must occur:

1. Widespread education for the elimination of prejudice against people with mental disabilities.
2. Re-allocating some of the budget for psychiatric care towards community-based care.
3. Further growth in the construction of community support networks.

To implement above-mentioned three points, the quality of mental health care delivery will be improved in Japan.

41265

ASSURE THE CPRP CREDENTIAL IS FOUR MORE LETTERS BEHIND YOUR NAME: PROFESSIONALIZE YOUR COMPETENCIES

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Psychiatric rehabilitation positively changes the lives of individuals with serious mental illness to one of hope, self-determination, empowerment and recovery. Scores of practitioners share the commitment to leveraging these fundamental principles and have achieved the Certified Psychiatric Rehabilitation Practitioner credential (CPRP). Distinguish yourself with the only nationally and internationally recognized professional credential for psychiatric rehabilitation professionals. Learn how to implement the CPRP status for practitioners in your agency. Presenters are Commissioners of the United States Psychiatric Rehabilitation Association and will illustrate how the CPRP credential support the most successful and cost-effective practices for adults with severe and persistent mental illness and ensures that your staff have mastered the principles, skills and knowledge necessary to carry out those practices. The CPRP credential promotes the welfare of people with psychiatric disabilities by establishing professional standards for those engaged in providing psychiatric rehabilitation services. Internationally, there are CPRPs around the world demonstrating these highest professional standards. The communication will offer implementation ideas for training and education of professionals to support fluid incorporation of psychiatric rehabilitation core values and principles. If you and your colleagues are interested in achieving four more letters of credentialing behind your name this communication is very responsive to this goal.

41277

QUALITY OF MENTAL HEALTH SERVICES IN PORTUGAL: A COUNTRY-LEVEL EVALUATION

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Introduction: Despite some positive aspects, due to lack of planning and consistent support, Portuguese mental health services still suffer from significant deficiencies, in terms of accessibility, equity and quality of care. A new National Mental Health Plan with a community model has been launched in 2007. **Objectives:** To evaluate the quality of mental health services in Portugal. **Methods:** cross-sectional study, targeting all the public mental health services in the Country, both for adults (39 units) and children/adolescents (11 units). Assessment was conducted with the WHO 'Quality Assurance in Mental Health Care' tools, that covers the following dimensions: Physical environment, administrative arrangements, care process, interaction with families, outreach, discharge and follow-up. **Results:** The quality of services, according to the assessment made with the participation of professionals, did not reach the 'Good level' (> 80% met needs). The weighted level of quality of adult outpatient services (65% met needs) was even smaller to that of hospitalisation units (73%), at a time at which the trend increasingly points in the opposite direction. The most critical areas of non fulfilment of quality criteria and standards were those with respect to human resources (56% met needs, concerning provision, distribution, interdisciplinary composition of the staff) and to administrative arrangements (66% met needs). Regarding the child/adolescent units, the weighted level of quality of outpatient services (67% met needs) was also smaller to that of hospitalisation



units (68%). **Conclusions:** Quality evaluation is a crucial step for service planning at a national level. The implementation of the mental health plan has to overcome some of the unmet needs present in mental health services in Portugal. Special attention should be given to the outpatient facilities, in order to accomplish with the communitary approach of the National Mental Health Plan.

41287

SERVIZIO COMUNITARIO DI SALUTE MENTALE BRASILIANO: I DISCORSI SULLE PRATICHE NEL TERRITORIO

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Obiettivi: I servizi di cura della salute mentale brasiliana, territoriali e di comunità, i Centri per le Cure Psicologiche (CAPS) hanno come scopo l'inclusione sociale delle persone con disturbi mentali. L'obiettivo di questa ricerca è appunto identificare e discutere le possibilità di introdurre buone pratiche nel territorio, per ottenere da esse cambiamenti nella vita quotidiana degli utenti. In questo poster viene presentato uno degli obiettivi dello studio: identificare le pratiche nel territorio ed analizzare gli obiettivi che le guidano. **Disegno:** ricerca qualitativa. **Metodo:** caso singolo. Il riferimento teorico che fa da cornice allo studio è la teoria della vita quotidiana di Agnes Heller, e le categorie analitiche: il Territorio e la Riabilitazione Psicologica. Il contesto all'interno del quale si è svolta la ricerca: è uno dei centri CAPS nel comune di Campinas, stato di São Paulo, Brasile. Sono stati coinvolti gli operatori di salute mentale, gli utenti e non utenti del servizio. Sono state usate interviste, focus group e osservazioni. L'analisi dei dati è stata effettuata attraverso l'Analisi del Discorso. **Risultati:** Sono risultate come categorie empiriche: territorio, processo di lavoro e vita quotidiana. Verrà presentata nello specifico la categoria 'processo di lavoro' attraverso le affermazioni degli operatori di salute mentale rispetto le proprie pratiche e obiettivi. **Conclusioni:** I discorsi riflettono le pratiche proprie dei principali pilastri della Riabilitazione Psicologica. Nonostante i limiti delle risorse, nelle pratiche messe in atto degli operatori brasiliani emerge una cura che ha lo scopo di rompere con le cosiddette "pratiche intramurali" e superare logiche non orientate alla Riabilitazione Psicologica.

41288

IL PROCESSO DI DEISTITUZIONALIZZAZIONE NELLA DEGENZA ASSISTITA DELL'OSPEDALE PSICHIATRICO JOAO MACHADO (HJM) NEL MUNICIPIO DI NATAL - RN: L'ESPERIENZA DI VITA DI UN DEGENTE

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Questo lavoro ha come obiettivo quello di presentare il risultato dell'esperienza d'insegnamento della disciplina "Stage finalizzato alla professione in Salute I" dell'Università Potiguar UnP, dell'ospedale psichiatrico "João Machado" nel municipio di Natal - RN. Per elaborare questo lavoro, cercheremo, attraverso il metodo qualitativo e nella prospettiva della ricerca-intervento, di realizzare, nell'arco di 6 mesi, una supervisione relativa alle pratiche di reinserimento sociale, realizzate nel quotidiano di uno dei degenti dell' HJM, il paziente che avrà come nome fittizio "Paulo Roberto", di 31 anni, che risiede da 11 anni nell'ospedale. I risultati ci mostrano che gli interventi extramurali condotti attraverso gli scambi tra le forze sociali, economiche e culturali con Paulo Roberto in luoghi pubblici, hanno fornito a Paulo Roberto, nel processo di riabilitazione psicologica, di pratiche sanitarie nuove orientate alla ridefinizione della sua soggettività, della cittadinanza e autonomia.

41319

STRUCTURE DE COLLABORATION ENTRE LES INSTITUTS DE SANTÉ MENTALE DU QUÉBEC; DE LA COEXISTENCE A L'INFLUENCE. AXE DE SOLIDARISATION DES INSTITUTS QUÉBÉCOIS DE SANTÉ MENTALE, QUÉBEC, CANADA

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Le Québec compte maintenant trois instituts universitaires en santé mentale qui ont comme mission le déploiement de soins spécialisés et sur-spécialisés, l'enseignement, la recherche et l'évaluation

des technologies et des modes d'intervention en santé mentale. La désignation de ces Instituts est relativement récente, mais leur rôle en lien avec le ministère de la santé et de la direction de santé mentale du Québec, est maintenant fondamental dans l'évolution des pratiques. Un des défis de ces Instituts est de mettre de l'avant des pratiques qui visent l'intégration réelle des personnes atteintes de maladie mentale et de les reconnaître comme des citoyens à part entière. D'un historique asilaire, où l'état isolait les patients dans de larges enceintes éloignées des villes, le Québec est donc maintenant un lieu qui prône le rétablissement et la pleine citoyenneté des personnes.

Objectifs: 1) Consolider les liens de collaboration entre les instituts universitaires québécois 2) Identifier les conditions gagnantes de la structure de collaboration. **Méthode:** analyse des éléments historiques constitutifs des Instituts et du développement de leur structure de collaboration et recension des conditions gagnantes de cette collaboration et des grands enjeux en santé mentale au Québec et au Canada. **Résultats :** Une plus grande cohésion provinciale pour orienter les politiques en santé mentale. **Conclusion:** les perspectives d'avenir seront discutées avec l'audience quant aux enjeux du développement de pratiques cliniques québécoises qui visent le rétablissement et la pleine citoyenneté et du rôle des instituts universitaires.

41461

IMPLEMENTING RECOVERY-ORIENTED SERVICES IN A DAY CARE UNIT: AN ACTION RESEARCH ACCOUNT

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Objectives: Day care unit in hospitals has been the major psychiatric rehabilitation services in Taiwan. The effect of psychiatric rehabilitation on recovery is often compromised by the patient role in hospital organization and the inherent medical model as treatment philosophy in those hospital-based programs. This report aims to describe experiences of implementing recovery-oriented services in a day care program in a general hospital/medical center in Southern Taiwan. **Method:** The day care unit of this Medical Center used to introduce educational model with emphasis on disease reduction and administrative management. Recovery-oriented psychiatric rehabilitation has been introduced to the program since 2007. Meeting notes, reflections, and documents for the past years were collected to trace experiences of implementation of recovery-oriented psychiatric rehabilitation program in this day care unit. **Results:** To persuade administrators, senior psychiatrists, and professionals to use evidence-based practices in psychiatric rehabilitation field, as well as to educate younger staff using top-down approach, were the main strategies in the first three years. However, progress had been slow. Since 2009, a research project proved by hospital IRB and funded by the National Research Council has provided professional and intensive staff training on strength-based approach of case management for this unit and another rehabilitation program in community. After two years of intensive supervision, the day care unit had major transformation; not only communication patterns between staff and patients, but also strategies of helping. The former indicated the relationship becomes partnership-oriented, and later indicated the philosophy has changed from "treatment for" to "developing strength with." How to develop subjectivity of people with psychiatric disabilities and sustain transformation toward recovery-oriented services were listed as next major goals of this day care unit in the future. **Conclusion:** The hierarchical structure of "patient- staff- hospital organization" is a significant barrier to fully support recovery model in psychiatric rehabilitation programs in hospitals. Collaboration of network, including other community-based psychiatric rehabilitation programs, as well as introduction of research funding, are crucial to loosen hierarchical structure in medical settings. Besides, as Corrigan suggested, educational model of staff training could not be effective on change of practice. Continuation of supervision on competency development is essential for attitudinal change in an organization aimed to provide recovery-oriented services. The transformation experiences should be continued to examine in the future in order to test these strategies are effective to develop recovery-oriented services, and to promote recovery for people with psychiatric disabilities in Chinese culture.



41564

EXAMINATION OF THE FACTORS ASSOCIATED WITH EARLY DISCHARGE OF INPATIENTS FROM PSYCHIATRY CASUALTY DEPARTMENT IN JAPAN

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[Objectives] The purpose of this research was to clarify the factors that predict discharge of the inpatients from acute psychiatric wards in Japan. [Methods] 383 subjects who had been hospitalized in 22 acute psychiatric wards for more than a week participated in this prospective study. They were assigned into two groups based on whether discharge within three months or not: the discharge group (n=293) and the hospitalized group (n=90). The following outcomes were assessed at the time of admission; the demographic variable, the living environment before hospitalization, psychiatric symptoms, social functions, the living and social skills relevant to discharge observed by nurses. Two groups were compared in terms of these variables. [Results] Compared to the hospitalized group the discharge group demonstrated significant differences in age ($t=2.250$, $p<.05$) and rate of diagnosis of schizophrenia ($\chi^2=8.436$, $p<.05$). Subjects with schizophrenia in the discharge group had significantly higher level of ADL ($t=4.768$, $p<.001$) and lower frequency of autistic behaviours ($t=2.831$, $p<.01$) than those in the hospitalized group. [Conclusion] The results suggest that particularly patients with schizophrenia a longer duration of hospitalization is associated with negative symptoms.

41678

STUDY ON STRATEGIES FOR STRENGTHENING RESILIENCE OF PEOPLE WITH SEVERE MENTAL ILLNESS THROUGH PROFESSIONALS' EXPERIENCES

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Objective: Although People with Severe Mental Illness(PSMI) have same psychiatric diagnosis and similar conditions, the progresses are very different, according to their resilience developed. This study is to explore effective strategies of strengthening resilience which mental health professionals have developed and experienced through interacting with PSMI. **Design and Method:** This study is a qualitative one. The data from mental health professionals were collected through intensive interviews with 7 individuals sampled purposely and a focus group consisted of 5 participants. The contents of the interviews were analyzed based on Giorgi's phenomenological method by using Nvivo. **Results and Conclusion:** Statements were categorized to central ideas : 1) Making opportunity by mobilizing all that are easy to be dismissed but possible, 2) Securing supportive environment system, 3) Holding out as long as possible with permitting and learning from failure, 4) Managing to overcome diverse obstacles, 5) Making achievements little by little, 6) Being with PSMI as a companion for long. In its final analysis, the central phenomenon of strengthening PSMI's resilience as a professional is 'being a companion with creativity free from the pre-existing frame and pertinacious patience'.

41701

BURNOUT IN PORTUGUESE NURSES AND POLICE OFFICERS: A COMPARATIVE STUDY

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Objectives: To compare burnout levels in Portuguese male nurses and police officers, both engaged with stressful professions. Burnout appears in jobs with chronic stress provoked by emotional demands of patients, clients or citizens (Freudenberger, 1974; Maslach & Leiter, 1997; Schaufeli & Buunk, 2003). Regarding nurses, studies concluded that they experience burnout (Buunk et al., 2010; Pienaar & Bester, 2011; van Beek et al., 2012) and that it can be a contagious process (Bakker et al., 2005). Police officers are a "force under pressure (Blum, 2000) vulnerable to burnout (Brown &

Campbell, 1994; van Gelderen et al., 2011; Velden et al., 2010) that leads to those conclusions: "law enforcement officers are killed by more job-related stress than they are by criminals" (Ranta Sud, 2008). Comparative studies reveal higher emotional exhaustion and depersonalization in nurses than in police officers (Bakker & Heuven, 2006; Maslach & Jackson, 1997). **Design and method:** Participants were volunteers Portuguese males, 345 nurses and 345 police officers, mean age of 36.2 years for police officers and 34.9 years for nurses, with an average of 12.9 (police officers) and 11.3 (nurses) years of professional experience. Data were collected after institutions' authorization in north of Portugal hospitals and security police departments (PSP) using Maslach Burnout Inventory – HSS (Maslach & Jackson, 1997; Marques-Pinto et al., 2003), after institutions' authorization. **Results and conclusions:** Despite low levels of burnout (1.2 and 2.3 to negative dimension and 4.4 for professional accomplishment in a 0-6 scale), results show significant differences, with nurses experiencing higher emotional exhaustion and depersonalization, and lower personal accomplishment than police officers. Age is negatively correlated with emotional exhaustion and depersonalization only in nurses. Results are similar to other studies (Bakker & Heuven, 2006) and alert that burnout, especially in nurses affects provided care (Schaufeli & Buunk, 2003) and patient satisfaction (Vahey et al., 2004).

41759

THE COMPARISON OF SERVICE CHARACTERISTICS BETWEEN ASSERTIVE COMMUNITY TREATMENT PROGRAM AND PSYCHIATRIC HOME-VISIT NURSING IN JAPAN

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Purpose. In Japan, deinstitutionalization has been delayed and outreach services have not yet developed. Only recently, many pioneering outreach activities are being started. Assertive community treatment (ACT) and psychiatric home-visit nursing (PHVN) are among the most well-known of those outreach programs. However, differences between these two treatments are not clear. We compared these two services to discuss their role in community mental health. **Methods.** We collected data from the clients of 6 ACT agencies and 21 home-visit nursing care stations in 2008. The included subjects were people with mental illness (ACT: n = 32, PHVN: n=97). We recorded every face to face contact with clients by using service-code checklist for 1 month. After one year, in 2009, we collected again the same data. **Results.** The service intensity of PHVN was lighter than that of ACT in Japan. On average, PHVN contacted their clients 3.5 times a month, whereas ACT contacted their clients 8.5 times a month. PHVN supported their clients primarily at home, whereas ACT supported clients also in other settings PHVN emphasized client monitoring and assessment, whereas ACT engaged the client to provide concrete and direct support.

41785

USE OF MENTAL HEALTH BED-DAYS AND OUT-PATIENT SERVICES FOLLOWING AN IMMEDIATE INTENSIVE AFTERCARE PROGRAM FOR NON-PSYCHOTIC PATIENTS AT PSYCHIATRIC CENTER BALLERUP, COPENHAGEN

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Objective: To evaluate the effects of an immediate onset, high intensity aftercare program for non-psychotic patients after discharge from Psychiatric Centre Ballerup (PCB) one year after its introduction. We postulate that intensive follow-up will improve medication adherence, lower drop-out rates and improve clinical outcome. Further, immediate onset prevents symptom relapse after discharge and sometimes allows to shorten admission time. **Design and method:** Patients included during the first year (N=188) are compared with a retrospective control group of patients following a former less intensive outpatient program. Data concerning age, sex, diagnoses, re-admissions, bed-



days, telephone-calls, emergency contacts and outpatient contacts are drawn from electronic patient records. **Results:** The results of statistical analyses will be reported. In the short time we expect a small increase in the use of mental health services due to the high intensity of the program. On the other hand, we expect a significant long-term decreased in the use of mental health services. **Conclusions:** If an intensive effort immediately after discharge (based on the idea of a window of opportunity) would turn out to improve patients' outcome it could have an impact on the organization of mental health services for non-psychotic patients in the future.

41794

BRINGING THE PERSON INTO FOCUS: THE ASSESSMENT OF SUBJECTIVE EXPERIENCE DURING LEARNING TASKS AMONG ADOLESCENTS WITH INTELLECTUAL DISABILITIES

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Objective: Although research highlighted the influence of subjective experience on task performance and well-being, educational programs designed to promote learning and development of adolescents with intellectual disabilities prominently focus on neuropsychological measures. The emotional, cognitive and motivational dimensions of the experience associated with daily tasks are substantially overlooked. Moving from these premises, this study aimed at assessing adolescents' success expectations, self-determination levels and the quality of experience associated with learning tasks, as well as involvement levels as observed by teachers. **Design and method:** A group of 39 participants (11 boys, 28 girls, aged 14 - 20) filled out sections of Flow Questionnaire (Delle Fave, Massimini - 1988), PMA - SC (Ravazzolo, De Beni, Moè. - 2005), and SRQ- A (Ryan, Connell - 1989) after completion of formal school tasks and laboratory activities. Teachers completed EZ-Personality Questionnaire (Zigler, 1999). **Results:** No significant differences were detected in the experience associated with school tasks and laboratory activities, except for higher levels of anxiety during the former. Scales' internal consistency confirmed adequacy of participants' evaluation. **Conclusions:** Information about daily experience may shed light on the motivational and cognitive dimensions associated with different activities, and their influence on the adjustment and well-being of youth with intellectual disabilities.

41800

EL TRANSITO DESDE LA REHABILITACIÓN AL RECOVERY EN FUNDACION MANANTIAL

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Se describe la evolución y el tránsito de FUNDACIÓN MANANTIAL (Madrid), organización de 287 profesionales que ofrece atención social integral a 1.500 personas con un diagnóstico psiquiátrico severo, desde un modelo clásico de intervención en rehabilitación psicosocial hacia otro basado en el concepto de recovery en el que los usuarios de los servicios acceden a mayores cotas de participación y responsabilidad y donde los profesionales asumen nuevos roles a lo largo del proceso de recuperación personal de los usuarios. Se informa del Proyecto de investigación EIRE para la evaluación y regulación emocional de los profesionales, impulsado y financiado por Fundación Manantial y dirigido por el Departamento de Psicología de la Universidad Rey Juan Carlos de Madrid, en el marco del acercamiento de la organización a conocer tanto los planteamientos teóricos y conceptuales de los profesionales en su trabajo como sus demandas emocionales asociadas al mismo. Se presentan y discuten los resultados de la investigación y se concretan las líneas de trabajo adoptadas para facilitar la evolución de la organización y del trabajo de sus profesionales hacia el modelo de recovery.

42435

PSYCHOSOCIAL REHABILITATION OF MENTAL DISORDER SUBJECT: NURSE'S CONCEPTION OF PRIMARY CARE

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The Brazilian Psychiatric Reform has as one of its objectives the deactivation and progressive substitution of Hospitals, Psychiatric for a network of community mental health centres. Therefore, the insertion of the actions of health professionals in psychosocial rehabilitation is needed in primary care. The objective was to identify the nurse education from the primary care on the psychosocial rehabilitation of mental disorder subject in their professional practice. Method: This is a descriptive-exploratory study, quantitative nature. Data collection came up by the application of semi-structured interviews to 45 nurses that work in primary care in Uberaba - Minas Gerais, Brazil. The analysis was done by frequency distribution means. The results showed that 60.0% said that they did not have specific training in mental health and 68.9% declared unprepared for psychosocial rehabilitation of mental disorders in primary care. The reasons emphasized were: inexperience; insecurity 56.1%; lack of adequate knowledge; inefficient formation 53.3%; lack of training and protocols of mental health care 75.6%; priority primary care in relation to other health care programs 51.1%. We conclude that psychosocial rehabilitation is perceived by nurses' professionals through their continuing education and practices in mental health that requires the acceptance of the needs of the mentally ill. Therefore, we believe that psychosocial rehabilitation in primary care can strengthen the deinstitutionalization of mental patients and their reintegration into society.

42592

INTERMITTENT TREATMENT IN THE UNIVERSITY HOSPITAL VRAPCE

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Intermittent hospital treatment is a transitional form of treatment between inpatient and outpatient treatment. Specifically, it is a one-day intensive outpatient treatment, which involves a wide range of interventions determined by the patient's medical needs and personal preferences. This form of treatment includes psychiatric examination, participation in psychotherapeutic activities with a social pedagogue and a psychologist, supportive groups with a social worker, occupational therapy with occupational therapist, and a series of other socio-therapeutic techniques are also applied to work with the patient. Nurses give counselling on weight and diet, with regular checks of blood pressure and blood sugar. Intermittent treatment lasts a maximum of one year, with regular 1-month intervals. We consider this form of treatment, which implies an increased commitment to the patient, it especially important not only for the early detection of the disorders but also for permanently maintain treatment motivation. As most mental disorders are chronic they require long-term therapy. This, in turn, requires a good understanding of treatment and sustainable motivation for the healing process. Motivation is a process that requires constant work of all the experts of the team. In this treatment the patient's family is actively involved. Lack of community treatment is an additional reason for developing this type of intervention. That's why we consider Intermittent hospital treatment extremely useful and necessary.

42633

LA RECOVERY: INDAGINE SULLE CONOSCENZE E SUGLI ATTEGGIAMENTI DAGLI OPERATORI DEL DIPARTIMENTO DI SALUTE MENTALE DELL'AQUILA

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Introduzione: La "recovery" è definita da Anthony (1993) come "un processo, unico ed individuale, di cambiamento di valori, attitudini, sentimenti, capacità e ruoli: traducibili in nuovi traguardi e obiettivi di vita per superare i catastrofici effetti della malattia mentale". L'obiettivo della "recovery",

spesso inappropriatamente intesa come “guarigione,” si è andato sempre più diffondendo come target auspicato dei trattamenti nei pazienti affetti da malattie mentali. In una prospettiva di servizio orientato alla recovery sono fondamentali sia la professionalità e la competenza degli operatori del settore della salute mentale sia l’esperienza e i bisogni degli utenti: una relazione tra servizi e utenti basata sull’ascolto, sulla fiducia e sull’empatia reciproca. Il professionista recovery-oriented deve necessariamente fornire all’utente le risorse utili e adeguate a gestire la sua condizione: informazioni, strumenti, rete di supporto e aiuto pratico. **Scopo:** Il nostro studio ha l’obiettivo di sondare il livello delle conoscenze nonché il grado di orientamento alla recovery dei professionisti che operano nel Dipartimento di Salute Mentale di L’Aquila (medici, infermieri, tecnici della riabilitazione psichiatrica, assistenti sociali e psicologi) attraverso l’impiego della RKI-Recovery Knowledge Inventory (Bedregal et al, 2006). **Materiali e Metodi:** La RKI-Recovery Knowledge Inventory (Bedregal et al, 2006) utilizzata nel nostro studio, si configura come una scala di facile somministrazione, che si compone di 20 items che indagano l’atteggiamento alla recovery dei Servizi, su una scala Likert che va da 1=completamente in disaccordo a 5=completamente d’accordo. Un punteggio alto nella scala (max 100) indica un buon orientamento alla recovery. **Risultati:** Tutti gli operatori del Dipartimento di Salute Mentale di L’Aquila a cui è stato somministrato il questionario, hanno dimostrato un buon “orientamento alla recovery” nella loro pratica clinica ritenendo quest’ultimo componente fondamentale di una filosofia di cura da adottare e mantenere nei Servizi di Salute Mentale. Tutti hanno mostrato unanimità nel ritenere la recovery un processo valido in ogni fase del trattamento; non vi è stato invece un accordo tra gli operatori nel considerare la gestione dei sintomi come primo gradino verso la guarigione, né sul fatto che la riduzione dei sintomi sia fondamentale per la recovery. **Conclusione e discussione:** I risultati del nostro studio suggeriscono l’importanza e la necessità da parte dei Servizi di Salute Mentale di acquisire e migliorare la conoscenza sul processo della recovery e tradurla nella pratica clinica quotidiana superando il “gap” tra principi teorici e pratici. Prestare maggiore attenzione alla dimensione soggettiva della recovery implica uno spostamento del focus dal trattamento della malattia alla promozione del benessere personale. La comprensione della recovery appare, infatti, centrale per integrare le esperienze della psichiatria di comunità con il vissuto degli utenti stessi. Solo in questo modo sarà possibile modificare, nella quotidianità della pratica clinica, l’atteggiamento nei riguardi dei disturbi mentali e attuare una riorganizzazione “recovery-oriented” dei servizi psichiatrici. La differenza tra i servizi di stampo tradizionale e quelli orientati alla recovery è che quest’ultimi giocano un ruolo chiave non solo nel miglioramento dei sintomi patologici ma anche nell’inserimento sociale del paziente e sulla sua qualità della sua vita.

42677

VALORACIÓN DE LA REINSERCIÓN SOCIAL DE PACIENTES CON LARGA ESTANCIA EN HOSPITALES PSIQUIÁTRICOS

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INTRODUCCIÓN: A pesar de padecer un trastorno mental severo y/o una discapacidad mental, todas las personas tienen derecho a vivir en la comunidad. Los sujetos que han vivido durante largos periodos en hospitales psiquiátricos sin justificación médica para permanecer aislados deben evaluarse para conocer sus posibilidades y opciones de reinserción social. **OBJETIVO:** Caracterizar la población de pacientes con discapacidad mental con una larga estancia hospitalaria y evaluar su red social y su estatus funcional para la reinserción en la comunidad. **DISEÑO Y MÉTODO:** Estudio empírico en el que se utilizó un diseño factorial 2x2 para el análisis estadístico. Se recopiló información de los pacientes con más de un año de internamiento continuo y un padecimiento mental severo y crónico en 28 hospitales psiquiátricos de la República Mexicana. **RESULTADOS:** La muestra fue de 1,868 sujetos. El promedio de internamiento fue de 16 años; 50.4% fueron hombres; 39% con retraso mental, 34% con esquizofrenia. Los sujetos sin una red social tuvieron 4.2 veces más posibilidades de no acceder a la reinserción social. **CONCLUSIONES:** En el marco de los derechos humanos de personas con trastornos mentales y discapacidad deben garantizarse los derechos de todos los sujetos, a pesar de la severidad de los trastornos y de la nula red social.

42702

ATTENTION AND MEMORY OF MEDICAL RESIDENTS AFTER A NIGHT ON-CALL: A CROSS-SECTIONAL STUDYSUOZZO A. ¹, MALTA S. ², GIL G. ³, TINTORI F. ¹, LACERDA S. ², NOGUEIRA-MARTINS L.A. ²¹ Irmandade da Santa Casa de Misericórdia de São Paulo-Departamento de Psiquiatria e Psicologia Médica, São Paulo, BRAZIL, ² Universidade Federal de São Paulo-Departamento de Psiquiatria, São Paulo, BRAZIL, ³ Universidade de São Paulo-Instituto de Psiquiatria, São Paulo, BRAZIL

Background and objective: Medical residency is generally stressful. Given their prolonged work hours interns are susceptible to fatigue and that may compromise patients' safety. This study evaluated the cognitive performance of first-year internal medicine residents after a night on-call in the emergency room and after a night off-duty. **Design and Methods:** Thirty-eight out of the 40 first-year internal medicine residents participated at this cross-sectional study. Their performance on the Digit Span(DS), Span Spatial(SS), Trail Making Test(TMT), Rey Auditory Verbal Learning Test(RAVLT) were measured : both in the morning immediately after the night on-call and in the morning immediately after the night off duty. There was 8 weeks between evaluations. These assessments were compared. **Results:** Compared to their scores after a night off duty after a night on-call the residents' performance was worse on TMT-A(p=0,016) (attention), on RAVLT-Trial1(p=0,028) (immediate recall), on RAVLT-Trial 7 (p=0,016) (late recall;) on RAVLT List B (p=0,006) (distracter word list), and on RAVLT-total (p=0,035) (verbal learning);. **Conclusion:** Our results revealed that the night on-call participants' cognitive performance. Adequate sleep is crucial for maintaining attention and also plays an important role in memory consolidation and learning. Educators involved in training residents should take note of these results which may even benefit the safety of patients and learning.

42846

THE ROLE OF DAILY CENTER IN TREATMENT OF PSYCHOTIC DISORDERSSTEVANOVIC Z. ¹, STEVANOVIC Z. ², STEVANOVIC V. ³¹ Clinic for Mental Health Protection, Nis, SERBIA, ² Special Psychiatric Hospital, Gornja Toponica, SERBIA, ³ University of Nis, Medical Faculty, Nis, SERBIA

The goal of daily centres is not only to enable the improvement of patients social skills; but also to enable the breaking of prejudices of the wider social community, thus including mentally ill patients in regular courses of life. Experience shows that these centres are mostly attended by males, more often carrying a diagnosis of psychosis (69%). Flexibility of the daily centres enables the client to choose by themselves the amount of time they will spend there, whom they will socialize with and in what way. That creates a feeling of independence and personal satisfaction which are prerequisites for improvement in social functioning in a wider environment. Daily centres satisfy many of the client's needs giving them the feeling of acceptance. These centres were not given a lot of attention in the psychiatric literature and therefore they are not well defined by the laws of many countries including. The function of each daily centre must be adjusted to the available resources, material status, staff and space capacity. in Niš a daily centre is enclosed in the Clinic for protection of mental health was opened on 22.12.2011, and is now available for clients each weekday in the morning and twice a week during the whole day until 19h. The daily centre activity has allowed the increase of self esteem, training of life and social skills, participation in social events, help in solving of social problems, improved contact with families and easier contact with psychiatric services to our patients

42883

TRANSLATION, CULTURAL ADAPTATION AND INTER-RATER RELIABILITY OF BRAZILIAN VERSION OF CLIENT SOCIODEMOGRAPHIC AND SERVICE RECEIPT INVENTORY: A TOOL FOR ASSESSMENT OF COSTS AND SERVICE USESOUSA A. ², CARDOSO A. ², GUILHERME G. ², MARI J.J. ¹, RAZZOUK D. ²¹ Department of Psychiatry - Universidade Federal de Sao Paulo (UNIFESP), São Paulo, BRAZIL, ² Centro de Economia em Saúde Mental - Universidade Federal de São Paulo (UNIFESP), São Paulo, BRAZIL

Objective: There is a shortage of instruments to assess health service utilization and costs. The Client Sociodemographic and Service Receipt Inventory (CSSRI-EU) has been extensively used in Europe. It



was translated into Portuguese (ISDUCS) and its inter-rater reliability was assessed. **Method:** ISDUCS was adapted to the Brazilian public health system. Two investigators simultaneously interviewed 30 subjects with severe mental disorders. **Results:** Kappa coefficient was 1.0 for the majority of items and none was lesser than 0.8. Residents were not able of answering the majority of questions: 77% did not know the name of the drugs they were taking and 59% were not able to answer if they had attended the service in the previous month. 30%, 53% and 24% of them were not able to refer about their benefits, home and education; 57% answered to the sociodemographic questions and 70% had low or no education. **Conclusion:** It is possible to apply this instrument to the Brazilian health system as long as alternative sources of information are used. Although inter-rater reliability was excellent, testing other samples is necessary. The low level of education and the severity of mental illness of the sample may have contributed to the difficulty in answering to the inventory.

42911

L'ACCOMPAGNAMENTO TERAPEUTICO COME DISPOSITIVO DI RETE NELL'ATTENZIONE PRIMARIA BRASILIANA

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Il Brasile ha iniziato la ristrutturazione delle cure psichiatriche fornite nella loro terra con l'arrivo di Franco Basaglia e di altri esponenti internazionali che sono stati qui alla fine del 1970. La lotta per un migliore trattamento dei malati di mente e la graduale eliminazione dei manicomi è stata fatta, in parte, dopo la proclamazione della legge 10.216/2002, che è ispirata a quella italiana (Legge 180/1978). Molti ospedali psichiatrici sono stati chiusi, così come nuove forme di assistenza alla follia nella politica brasiliana di sanità pubblica sono state realizzate. Intorno al Centro di Attenzione Psicosociale (CAPS) si è prodotta grande attesa per l'effettiva sostituzione dei manicomi. Tuttavia, come dimostra l'esperienza italiana, i servizi di salute mentale dovrebbero essere estesi in tutta la rete, creare e inventare nuovi modi di trattare il folle e dare un accesso senza restrizioni alla cittadinanza. Questo fatto, per vari motivi, non è ancora stato sufficientemente studiato in Brasile. In questo senso, abbiamo sviluppato una ricerca a livello post-laurea, PhD, nell'Universidade Federal de Minas Gerais per valutare l'effetto dell'Accompagnamento Terapeutico (AT) in CAPS e verificare la possibilità di riabilitazione psicosociale dell'utente attraverso la circolazione nella città o nel territorio e la scoperta che le persone possono così fare del territorio e di se stesse. Sono oggetto di ricerca alcune esperienze con AT e la portata dei risultati di questo intervento. L'obiettivo è anche quello di creare una rete di formazione all'interno dello Stato di Minas Gerais per ampliare le possibilità di soluzione che possono sostituire il manicomio e promuovere nuove "scoperte" attraverso il movimento e le "peregrinazioni" degli utenti nei loro territori, così come la formazione di personale non specializzato per lavorare con gli utenti della salute mentale brasiliana. Crediamo di lavorare così contro l'istituzionalizzazione - tanto nei CAPS quanto nei manicomi - e di specializzare persone che possono aiutare con un ascolto "non medico", come dice Castel, di fronte ai problemi di vita quotidiana delle persone con disturbi mentali.

42920

PIANIFICAZIONE E ORGANIZZAZIONE DEL PROGRAMMA AUTISMO 0-30 NELLA PROVINCIA DI PIACENZA

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Il PRI-A = Programma Regionale Integrato per l'Assistenza ai Disturbi dello Spettro Autistico (ASD) della Regione Emilia-Romagna dà attuazione a una continuità assistenziale per i soggetti autistici e le loro famiglie, dalla minore età fino al compimento della prima età adulta. L'obiettivo globale è la definizione di un "progetto di vita", che comprende il raggiungimento di obiettivi abbastanza stabili e soddisfacenti per l'età adulta, riferiti alle aree importanti della Qualità di Vita. Un team di transizione autismo prende in carico i soggetti con ASD dai 16 ai 18 anni. Il team è formato da: Unità di Neuropsichiatria Infantile e dell'Adolescenza (NPIA), un neofornito servizio per adulti (Unità di Psichiatria di Collegamento), Servizi Sociali del Comune (settore Disabilità Adulti), eventuali professionisti delle Cooperative del Privato-Sociale. I care-givers sono sempre coinvolti in ogni fase. Ogni utente è valutato con scale

cognitive (WAIS 3, LEITER, WISC), scale di funzionamento (VINELAND, VABS, TTAP, EFI, SIS, ADI) ed eventualmente scale per il linguaggio. Tipologie di utenti: High Functioning (HF) comprendenti anche le sindrome di Asperger; Low Functioning (LF) con ritardo mentale e grave disabilità sociale; Comportamento disadattivo sia HF che LF (soggetti con disturbi del comportamento). Viene illustrata la rete dei Servizi disponibili nella Provincia di Piacenza, le caratteristiche dell'utenza e le aree di intervento soprattutto nella prima adulta: inserimento nel lavoro, formazione di una rete amicale, strutturazione di un programma settimanale di attività, relazioni con la famiglia. Viene considerata la casistica degli utenti in carico dalla nascita del team di transizione (circa 20 utenti).

42936

LIFE EXPERIENCES OF OLD PEOPLE WITH SCHIZOPHRENIA IN KOREA

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Objective: An increasing number of old people with schizophrenia are living in the community but there are little data on their life experiences. Schizophrenia was common in old age but frequency remained undetected and untreated. This study aimed to explore the life experiences of old people with schizophrenia. **Method:** By answering the question: What is the essence on life experiences of older people with schizophrenia? Phenomenological approach by Colaizzi was used for data analysis. The data were collected through in-depth interviews with 5 older people with schizophrenia. **Results:** As results, 6 categories appeared from 16 themes as result analysis. These categories were characterized as follows. Prolonged life with mental illness, unyielding sorrow, adult child life which requires a care giver, life of inciting oneself, an ardent passion for work, living empty on later life. **Conclusions:** Based on these findings, we have discussed the meaning of life experiences of older people with schizophrenia and suggested effective intervention services. The development of effective mental health and social welfare interventions to support older people with schizophrenia should be a high priority of any strategy to increase their quality of life.

42974

THE APPROACH OF PSYCHOSOCIAL ATTENTION NETWORK-RAPS FROM BRAZIL: CURRENT PROPOSES AND CHALLENGES

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Background: The public health in Brazil is organized based on the Unified Health System – SUS. The goals are ensuring the rights of citizen and responsibility of state in health. The SUS funding principles are: universality, equity, integrality. Their guiding lines are: regionalization, decentralization and social control. Currently, to break the challenge of complex interrelationship between access, quality, cost, effectiveness and integration services in large territories, new regulations to rearrangement of SUSs were implemented by Health-Network/RAS, integration-technology using technical support, logistics, budget allocate and management. **Objective:** To describe the structure of Psychosocial-Attention-Network/RAPS, to people with mental health disability, including people with misuse of alcohol and drugs. **Design/Method:** This is a report of an experience about the building process of RAPS. The main challenge is to take account of subjects' peculiarities of and of their different contexts all over the country. In; Beyond barriers such as discrimination, advocacy and corporate interests, issues around drugs are incrementing local discussions about human rights, social cohesion, involuntary interventions. **Results:** The RAPS is government priority to strengthen the psychiatry reform and ensures human rights, achieving effective articulation of different points of attention health, considering different needs in three levels-attentions with emphasis on community-based. The RAPS was established through components: Primary Care, Urgent and Emergency, Psychosocial Attention Strategic, Residential Attention Character Transitional, Hospital Attention, Strategies

Deinstitutionalization and Rehabilitations Psychosocial. Each component has different attention points, proposing that mental health care should be delivered within existent general health services, with the Psychosocial- Attention-Center/CAPS acting like strategic-tool. **Conclusions:** To increase system performance in clinical and sanitary efficacy and economic efficiency. To expand offer-comprehensive, stigma reduce, ensure access and quality services.

42983

EVALUACIÓN DE CENTROS DE ATENCIÓN PSICOSOCIAL EN BRASIL

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Es una investigación multicéntrica de evaluación de Centros de Atención Psicosocial del sur de Brasil. En la evaluación cualitativa, se utilizó evaluación de cuarta generación, respondiente, constructivista, de enfoque hermenéutico dialéctico. Se entrevistaron a 88 trabajadores, 57 usuarios y 60 familiares, con observaciones de campo entre 282 y 650 horas. La evaluación cuantitativa de enfoque epidemiológico evaluó la estructura, proceso y resultado en la atención. De 102 Centros se eligió 30. Contestaron los instrumentos 30 coordinadores, 435 trabajadores, 1.162 usuarios y 936 familiares. La evaluación fue satisfactoria respecto a la calidad de atención, variedad de actividades ofrecidas y responsabilidad por el cuidado. En la estructura, la falta de material para unas actividades y falta ocasional de medicamentos apuntan a problemas en adquisición/distribución, revelando dificultades de planificación/gestión de recursos públicos. El proceso de trabajo se muestra flexible, multidisciplinario, sobresalen el derecho de ir y venir, puntos de recepción (acogida, atención, circulación de profesionales en espacios informales de cuidado), visitas, paseos y libertad del usuario decidir su participación en las actividades. La inclusión de la familia aparece como necesidad y se señalan dificultades en hacerlo. Se concluye que los Centros son estratégicos para el cambio del modelo de asistencial en salud mental.

42989

LOS SENTIDOS ATRIBUIDOS A LA ATENCIÓN DE UNA CRISIS MENTAL GRAVE EN LAS PRÁCTICAS DISCURSIVAS DE LOS PROFESIONALES DE CENTROS DE ATENCIÓN PSICOSOCIAL

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El objetivo es conocer los sentidos presentes en prácticas discursivas de profesionales sobre la atención de una crisis en Centros de Atención Psicosocial (CAPS). Es un estudio cualitativo basado en el construccionismo social, recorte de la investigación Evaluación de los Centros de Atención Psicosocial del Sur de Brasil (CAPSUL). Se utilizó entrevista con 27 profesionales de CAPS de la ciudad de Alegrete/RS. En los datos se identificaron dos categorías. La primera, 'Peligrosidad y ciudadanía: los sentidos involucrados en la crisis' se refiere a los sentidos que abarcan una crisis, construidos como verdades, fabricados en juegos de saber/poder expresos en el proceso de interacción entre personas. Los sentidos identificados se discutieron buscando entender su influencia en la construcción de las prácticas de atención de la crisis. En la segunda, 'De la violencia al vínculo: la construcción de nuevos sentidos al cuidado de la crisis en el territorio', se discutieron prácticas de atención de la crisis y los sentidos involucrados. Las prácticas identificadas fueron: acogida, acompañamiento del usuario en crisis en la red de salud mental (hospital general, de urgencias, residencial terapéutico, CAPS), prevención de situaciones de crisis, contención mecánica y accionamiento de la Policía. Se demostró la necesidad de debate sobre prácticas de atención de crisis y su construcción de forma colectiva en relaciones de contrato.



42998

EVALUACIÓN DEL EQUIPO Y LAS CARACTERÍSTICAS DEL TRABAJO EN LOS CENTROS DE ATENCIÓN PSICOSOCIAL EN BRASIL

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El objetivo es evaluar cualitativamente las características del trabajo en Centros de Atención Psicosocial del sur de Brasil. Se utilizó la evaluación de cuarta generación, respondiente, constructivista y hermenéutico dialéctico. En la recolección de datos se entrevistaron a 88 trabajadores del equipo, 57 usuarios y 60 familiares y observaciones de campo entre 282 y 650 horas en cinco estudios de caso. Se identificaron respecto al equipo las características y la organización del trabajo en los Centros, de acuerdo con los grupos de interés de los familiares y usuarios, como satisfactorio, calificado, con respeto, afecto, responsabilidad, disponibilidad, libertad de participar en las decisiones con relación al tratamiento, apoyo y confianza. También se destaca la importancia de proporcionar oportunidades para capacitación de profesionales. El equipo es más detallista en su evaluación de este indicador, al explicitar la importancia de la construcción conjunta del plan terapéutico individual, el recurso del técnico de referencia, la supervisión institucional, el espacio de reunión del equipo como contribución a la organización del trabajo en el Centro. Se concluye con la evaluación que hay un alto nivel de compromiso con el servicio por el equipo, al demostrar empeño y responsabilidad cotidiana con el proceso de reforma psiquiátrica.

43986

LA PRESA IN CARICO INFERMIERISTICA TERRITORIALE PER PAZIENTI PSICHIATRICI

ALTARIVA D.

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Obiettivi. In alcune UUOO del DSM-DP dell'AUSL di Modena gli operatori dei CSM hanno condiviso con i pazienti strumenti di progettazione personalizzata del percorso di cura che valutasse da una parte il punto di vista del paziente psicotico rispetto all'esperienza della malattia e la consapevolezza della stessa, dall'altra fornire agli operatori gli strumenti per la governance del progetto di cura e presa in carico territoriale. **Disegno e metodo.** Utilizzo di strumenti valutativi ed interventi non farmacologici, di provata efficacia. Alla presa in carico del paziente viene compilata la Camberwell Assessment of Need, intervista semi-strutturata e quando indicato, l'utilizzo di terapie non farmacologiche: 1. Interventi Psicoeducazionali per le famiglie; 2. Terapia cognitivo-comportamentale; 3. Skills Communication Training; 4. Cognitive Remediation. **Risultati.** Questa nuova modalità di progettare l'intervento ha prodotto: miglioramento della fiducia dei pazienti nei confronti del sistema curante; diminuzione del numero di ricoveri e del numero di giornate di degenza; riduzione dei drop out delle terapie farmacologiche; miglioramento della compliance e degli equilibri familiari. **Conclusioni.** Nei disturbi mentali gravi l'assistenza territoriale può e deve avvalersi di trattamenti e modalità complesse che possono ridurre la riospedalizzazione e migliorare la qualità di vita del paziente.

43357

COMMUNITY BASED PSYCHIATRY: PROMOTING THE INTEGRATION OF MENTAL HEALTH CARE INTO PRIMARY HEALTH CARE SERVICES IN CHINA (2011-2014)

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The evolution from a Hospital based to a Community based Mental Health network seems a natural development process in any modern society. Universities could have an important role as supervisors of the change process. The purpose of the present action has been to sustain the introduction of innovative country policies on mental health, based not only on Psychiatric Hospitals but also on a Community Mental Health services, in three districts of China (Haidian, Nanguan, Tongling). The program was funded by the European Union and was implemented by an Italian NPO, in partnership

with an Italian NGO and the Peking University Institute of Mental Health. The project has involved the creation of community services and rehabilitation units that could improve and heal without ever entering into a psychiatric hospital. For this reason, the project has aimed to train health professionals such as psychiatrists, psychologists and social workers and to involve users and family members. After a year since the activities started, the Community Care Services seem to have permitted to overcome the prolonged hospitalization and facilitated access to mental care for persons with mental and behavioral disorders (including vulnerable groups such as children, women, aged people and persons who cannot access the hospital for economic reasons). The program seems to have played an important role to promote an attitude of acceptance towards mental disorders, to overcome stigma and prejudice, to improve the participation and knowledge about mental illness of users and local citizens, with the ultimate goal of reducing segregation and promoting social integration.

43393

MODELOS DE ATENCIÓN EN SALUD MENTAL EN MÉXICO

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Ante el incremento de número de personas con enfermedad mental que afectan a la población mexicana, exige la creación y ejecución de acciones dirigidos en los diferentes ámbitos, como son la prevención, tratamiento y rehabilitación, para lo cual es necesario estar lo más capacitado posible y esto no solo incluye la formación académica sino además un conocimiento pleno de la población a la cual van dirigidos los modelos de atención.

43985

LA RIABILITAZIONE PSICOSOCIALE NELLE COMUNITÀ RIABILITATIVE A MEDIA ASSISTENZA

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Le Comunità Riabilitative (CR) rivestono un ruolo chiave nell'ambito dell'assistenza psichiatrica il cui fine è re-integrare persone affette dalla patologia psichiatrica attraverso interventi di ri-abilitazione sociale (abilità sociali/assertività e problem solving), e neuropsicologica per migliorare dignitosamente la qualità della vita. Sono stati reclutati tutti i pazienti consecutivamente inseriti in CR da aprile 2011 ad oggi (N 10, età 18-55). Ogni soggetto è stato diagnosticato, valutato attraverso BPRS e FPS e sottoposto ad attento assessment per formulare l'intervento individualizzato con successivo contratto firmato dal paziente, dai familiari e dall'equipe. Attraverso programmi ed esercitazioni mirate e personalizzate, che tengono conto delle complicanze mediche-psichiatriche nella scelta delle strategie terapeutiche avvalendosi anche della token economy, i pazienti recuperano abilità sopite o apprendono ex-novo abilità mai possedute. I pazienti inseriti nella CR rappresentano una popolazione complessa su cui gli interventi costruiti ad hoc sono in grado di limitare i deficit della patologia psichiatrica.

Family matters

41289

FAMILY-ORIENTED PSYCHOSOCIAL REHABILITATION IN SCHIZOPHRENIA

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Psychosocial rehabilitation supposes conducting of complex measures at different levels of impact, including family one. **Objective:** basing of family-oriented model of psychosocial rehabilitation. **Material and methods:** Clinical-genealogical analysis of parentage. Identification of quality of life of relatives. Analysis of family systems based on authors' many-level model of family functioning. We have examined 105 schizophrenic patients and 38 their relatives. **Results:** quality of life of relatives is affected. Among of first-degree relatives there is psychopathology (16,8% of persons, schizophrenia – in 1,9% of cases. Functioning of family system is characterized by violation of life cycle, mid-balanced forms of adaptation, middle functional resource with situationally conditioned dysfunctional strategies, limited interaction with meta-environment. We describe Center of Family-



Genetic Prevention "Mental Health of Family" with groups: diagnostics; specialists and counselors; "Biobanks of DNA"; pharmacogenetics; "family-genetic register" and "passport of health of the family"; preventive dispensarization of "risk groups"; rehabilitation and adaptation of the family in macro-community. We use: educational programs "Genetic seminar for families", "School of management of risks", family psychotherapy for relatives, information-communication technologies. Social and intrafamily functioning of schizophrenic patients and their relatives increased in 70% of cases. **Conclusion:** Model of family-oriented psychosocial rehabilitation of schizophrenic patients allows heightening of its efficacy.

41769

INTERVENTO PSICOEDUCATIVO COME SUPPORTO ALLE FAMIGLIE

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PROGETTO Al progetto hanno partecipato cinque CC.SS.MM. della ASL3 Genovese. L'obiettivo principale è stato il miglioramento delle capacità dei singoli componenti della famiglia di comunicare costruttivamente e di risolvere insieme i problemi, attraverso un lavoro di psicoeducazione e di addestramento delle abilità sociali secondo il modello teorico di Falloon. METODO/OBIETTIVI Sono stati selezionati 20 nuclei familiari con al loro interno una persona con disturbo psicotico (ICD-10, F20-F29), in carico da più di sei mesi, con almeno un contatto mensile, di età compresa tra i 18 e i 65 anni, in fase di stabilizzazione clinica. Gli incontri sono stati quindicinali, della durata di un'ora e mezza, durati sette mesi. Il progetto era articolato in cinque fasi: Conoscitiva/Valutativa; Informativa; Training delle abilità di comunicazione; Training sul metodo del problem solving; Conclusiva/Valutativa. RISULTATI/CONCLUSIONI Sono emersi risultati diretti ed indiretti come: miglioramento delle capacità di gestione delle emozioni e della comunicazione, miglioramento del carico familiare pratico ed emotivo, riconoscimento e gestione dei segnali precoci di crisi; inoltre, confronto utile con altri famigliari ed operatori, recupero della fiducia nei curanti, maggiore consapevolezza e speranza nella cura, condivisione del senso di colpa e sensazione di non essere isolati, ma compresi e ascoltati. BIBLIOGRAFIA: Intervento psicoeducativo integrato in psichiatria, Ian Falloon, 1992.

41877

THE EFFECT OF FAMILY INTERVENTIONS ON SELF-ESTEEM, LONELINESS AND DEFENSE MECHANISMS

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OBJECTIVE: To investigate whether psychotherapeutic process leads to changes in self-esteem and loneliness among group participants, and does it result with the use of mature defense mechanisms.

METHOD: This study included family members who participated in group psychodynamic psychotherapy within Early Intervention Program for young psychotic patients. Participants (N=25) from two psychodynamic groups filled out Rosenberg Self-Esteem Scale, Loneliness Scale and Life Style Questionnaire at the onset and after two years after participation in group psychodynamic psychotherapy.

RESULTS: We found statistically significant increase in self-esteem ($p=0.000$) and significant decrease in loneliness ($p=0.000$) after two years, as well as significant decrease in use of all defense mechanisms (reactive formation, denial, regression, compensation, projection, intellectualization, displacement), except repression. **CONCLUSION:** Initially expressed loneliness and low self-esteem as a result of feelings of guilt caused by psychotic disorder of affected member and feelings of shame and fear because of the presence of the disease during psychotherapy gradually were replaced by a feeling of greater self-esteem and decreased feelings of loneliness. Reducing anxiety and fear are correlated with a reduction in the use of the dominant defense mechanisms.



41966

APPROCCIO ALL'INTERVENTO PSICOEDUCATIVO FAMILIARE ALL'INTERNO DEL DSM DI LECCO: ANALISI DELL'IMPATTO DI QUESTO STRUMENTO SUGLI OPERATORI

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La presa in carico degli utenti affetti da schizofrenia prevede, soprattutto nel caso di interventi precoci, il coinvolgimento dei familiari nel programma di cura. L'intervento Psicoeducativo Familiare (IPF) permette di fornire informazioni e supporto emotivo alla famiglia e di aiutare gli utenti a divenire consapevoli del proprio empowerment sia nel programma di cura che nella vita sociale. **Obiettivo:** vista l'efficacia clinica dimostrata dalla letteratura dell'IPF si vuole valutare l'impatto di tale strumento sul lavoro degli operatori del DSM. **Materiali e metodi:** agli operatori che hanno svolto l'intervento è stato somministrato un questionario ogni due mesi per 6 mesi. Gli item vanno ad indagare i vantaggi e le difficoltà riscontrati dagli operatori. **Risultati:** dai questionari si evince che i vantaggi riguardano una maggiore soddisfazione per il proprio lavoro e il miglioramento delle relazioni tra gli operatori coinvolti. Le difficoltà, invece, riguardano l'integrazione dell'intervento con gli altri carichi di lavoro e la disponibilità di tempo. **Conclusioni:** l'IPF è uno strumento che oltre ad avere una dimostrata efficacia clinica, e ad essere di immediato utilizzo, ha un riscontro positivo sugli operatori stessi in termini di soddisfazione personale.

42513

PROGETTO PSICOEDUCATIVO: LA FAMIGLIA DA SPETTATRICE INCONSAPEVOLE A RISORSA TERAPEUTICA

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Scopo. Le famiglie dei pazienti psichiatrici appaiono sovente inconsapevoli del proprio ruolo relativo alle conoscenze, evoluzione, terapia delle patologie mentali. Del resto, nel recente passato, il manicomio costituiva l'unico luogo di cura e custodia, mentre la famiglia restava ai margini del processo terapeutico. Il progetto si propone di rendere la famiglia risorsa da affiancare agli operatori psichiatrici nella gestione e/o risoluzione dei problemi posti dalla malattia. **Metodo.** L'intervento riabilitativo multidisciplinare del CSM di Nardò, rivolto ad utenti Schizofrenici e con Disturbi dell'umore (valutati tramite BPRS, VADO, Manchester Short Assessment of Quality of Life), integra interventi medici, psicologici, infermieristici, sociali, per acquisire conoscenza degli aspetti clinici, terapeutici, legislativi, socio-assistenziali, di tutela legale del disturbo. Si esplica attraverso:
- incontri di gruppo quindicinali con familiari di diversi utenti, finalizzati a condividere esperienze e problemi, acquisire conoscenza e una concezione del Servizio come punto di riferimento;
- interventi psicoeducativi con il singolo nucleo familiare, finalizzati ad affrontare lo stress quotidiano e conseguire gli obiettivi di utenti e congiunti.

Risultati.

1. Favorire il collegamento Famiglia-Servizio, l'Associazione dei familiari;
2. Potenziare la famiglia come luogo di cura e riabilitazione;
3. Sostenere i singoli familiari e l'intero nucleo a definire e perseguire obiettivi personali e familiari.

42904

FAMILIES OF CHILDREN AND TEENAGERS WITH AUTISM: PERCEPTIONS REGARDING THEIR REALITY AND IDENTIFICATION OF DEMANDS THROUGHOUT THE DEVELOPMENT

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In each development phase of an individual with disabilities, comes up demands for guidance and, therefore, many challenges are set to the families and professionals inserted in this reality. This study has aimed in identifying the perception of families of individuals with autism regarding their demands and support sources in face of the reality of caring for their children with autism during different



phases of their development. Methodology: Twenty families with children of teenagers suffering from autism have participated of this study. There have been used semi structured interviewing questionnaires. Results: Among the main results, it has been identified that the regular educational context has been marked by difficulties in the three studied phases. Concerns regarding the future of their children are present in parents of the three families groups. And, mainly in the earlier phases, there is by the parents a strong hope for their children to be more independent and able of having a decent life, which decreases in intensity in the third group. Final Remarks: The strategies of interventions are verified in many situations of the family routine, where arrangements and possibilities are persistently explored.

44047

PARLIAMONE. SOSTENERE I FIGLI DI GENITORI CON FRAGILITÀ: UN PROGETTO DI PREVENZIONE DI SALUTE MENTALE

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Diverse ricerche evidenziano come la presenza di un disturbo mentale nei genitori sia significativamente correlata a rischio elevato di problemi psicopatologici nei figli. *Parliamone* è un progetto di prevenzione rivolto a famiglie in cui è presente un disturbo psichico nei genitori. La sua realizzazione è il frutto di una collaborazione tra il centro di Terapia dell'Adolescenza (CTA) e l'Unità Operativa di Psichiatria 42 del Dipartimento di Salute Mentale di Garbagnate, con il contributo della Fondazione Comunitaria NORD MILANO. L'obiettivo del progetto è lavorare sulla prevenzione dei rischi legati all'impatto che i problemi di salute mentale hanno sulla famiglia, in particolare sui figli, potenziando i fattori familiari di protezione che sono connessi allo sviluppo della resilienza. Essere capaci di mentalizzare le esperienze difficili, attribuendo loro un significato coerente con la propria storia personale e familiare, riuscire a parlare di ciò che preoccupa, sentirsi capiti e trovare soluzioni alternative a problemi che sembrano insormontabili, sono passi decisivi per imparare a far fronte a situazioni complesse. Il progetto si articola in moduli diversi che rispondono ai bisogni specifici e peculiari di ogni fascia di età. Il modulo genitore bambino per la fascia sotto i sei anni, gli interventi di gruppo rivolti ai bambini tra i sei e i dodici anni e ai genitori, la consulenza individuale per l'adolescente e la sua famiglia. Il poster presenterà un breve inquadramento teorico, illustrerà modalità di intervento e strategie utilizzate nei vari moduli, riporterà i risultati ,focalizzandosi sugli aspetti critici e di forza del progetto.

Suicidal behaviour

38149

MENTAL HEALTH OF SOLDIERS, MADE SUICIDE ATTEMPTS

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The analysis of epidemiological indices of suicides among armed forces personnel (for the period 2003-2011) have showed that against a background of the diminution of suicide cases number for previous years rates the fact of the growth of suicide number among the armed forces professional personnel is established. The result of the examination of 97 persons after parasuicidal attempts and the study of the data of 5 posthumous judicial psychiatric examinations is the fact that 9% of parasuicidal attempts have been true and 25% of attempts had the high risk of its realization. This people are defined like hysterical, excitable, hostile, impulsive persons. In the conclusion of the study we proposed a number of measures for to prevent the suicidal cases in army and fleet.



42053

SUICIDE MOTIVES AMONG A HEALTHY POPULATION AND PATIENTS WITH DEPRESSIVE EPISODE IN GEORGIA

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INTRODUCTION Over the last decades suicide has occurred in nearly all known human communities. **METHODS** Our objective was to a comparative analysis of suicide motives between a group of patients with depression and a group of physically healthy people (subjects of various ethnic and national groups with different cultural backgrounds). We used the following structured questionnaires: Legend for motives of suicide (K. Ritter, Th. Stompe); Beck Scale for Suicide Ideation, Beck Depression Inventory. The questionnaire "Legend for motives of suicide" consists of a brief explanatory introduction and a section on socio-demographic data. We highlighted different cultural aspects of suicide. We examined 100 depressive and 500 healthy people. The latter group included people of different professions, religious faith, age group, marital status etc. **RESULTS** In the group of physically healthy people the most frequent suicide motives were the following: threatening torture; saving relatives by committing suicide; untreatable pain; chronic illness; being responsible for the death of the own child. In depressive patients: threatening torture; saving relatives by committing suicide; untreatable pain; chronic illness; being responsible for the death of the own child; losing faith; becoming dependent on others due to poor health; Needing constant care; knowing that your existence does a lot of harm to the family; serious physical deformation due to some disease or an accident. **CONCLUSIONS** We can state that depression increases the number of suicide motives and in most cases patients cannot see how to deal with the problem.

42917

RISK FACTORS OF SUICIDE ATTEMPTS AMONG ALCOHOLICS IN KOREA

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Objective: Suicide is a leading cause of death among alcoholics. Also suicide is currently the most serious mental health problem in Korea. The purpose of this study was to investigate risk factors of suicide attempts among alcoholics. **Method:** A total of 729 answers were collected from alcoholics who were admitted to the 20 inpatient psychiatric hospital in Korea. Face to face interviews by mental health social workers were conducted. Collected data were analyzed by frequency, t-test, one way ANOVA, logistic regression with SPSS 18.0. **Results:** 38.7% of the alcoholics reported suicide attempts and this is 10 times higher than Korean adult's suicide attempts' rate. Logistic regression analysis indicated that risk increased with age (OR=.957), marital status (OR=1.73), dual diagnosis (OR=1.89), depression (OR=1.05), suicidal ideation (OR=2.01), alcohol treatment history (OR=1.35) were associated with the suicide attempts of alcoholics. **Conclusions:** This study identified risk factors of suicide attempts in alcoholics. Findings from this study suggested the importance to provide comprehensive suicide prevention program for alcoholics. Based on these findings, the research discussion reinforced the importance of suicide prevention program for alcoholics and suggested effective intervention program.

42948

MEDIATING EFFECT OF RELATIONSHIP SATISFACTION ON THE RELATIONSHIP BETWEEN TRAUMATIC EXPERIENCES AND SUICIDAL IDEATION AMONG COLLEGE STUDENTS IN KOREA

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Objective: Research established that exists a relationship between trauma and suicide. However, the nature of the relationship and its dimensions are not well understood. The purpose of this study was to examine mediating effects of relationship satisfaction on the association between trauma and suicidal ideation among college students. **Method:** The subjects of this study were 912 college students who completed a test of trauma, relationship satisfaction, suicidal ideation. Structural



Equation Modeling in AMOS 18.0 and SPSS 18.0 were adopted to examine measurement model and mediating effects of relationship satisfaction by Sobel Test Equation method. **Results:** First, subjects reported single trauma 21.3%, multiple trauma 20.9%, interpersonal trauma 11.1%. Second, trauma was significantly affected to the suicidal ideation. Also traumas were significantly affected to the relationship satisfaction. Third, relationship satisfaction partially mediated the association between trauma and suicidal ideation. **Conclusions:** Based upon these findings, we suggest to develop comprehensive suicidal prevention program and the implications and limitations of these findings were discussed. Especially, suicide prevention and mental health service need to be provided for college students.

43026

EFFECTS OF PROTECTIVE AND RISK FACTORS, AND SEXUAL VICTIMIZATION ON SUICIDAL IDEATION

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Purpose: The purpose of this study was to investigate the effects of protective and risk factors, and sexual violence victimization related variables on suicidal ideation. 5925 cases were analyzed from the 2009 Survey on the Rights of Children and the Youth in Korea. **Method:** Independent variables were composed by protective factors and risk factors for three levels: Individual level (health status; academic achievement; happiness, stress), family environment level (family structure; mother support; father support; parental neglect), and school environment level (teacher support; school violence) were included. Having sexual violence victimization, having police report, and no disclosure were included as sexual related variables. As control variables, gender, perceived economic status, and school were included. **Results:** The result of hierarchical regression analyses indicated that more happiness, less stress, and more mother support, less parental neglect, and less school violence decreased the suicidal ideation. After controlling the effects of protective and risk factors, having sexual violence victimization and police report decreased suicidal ideation. Based on the findings, implications and suggestions for suicide prevention for adolescents were discussed.



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