



26th European Congress of Psychiatry Symposium

Symposium: Resilience and Recovery in People with Chronic Psychiatric Disorders

S0001

Are we neglecting the most needy patients again? An European perspective on care for patients with chronic disorders

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Introduction.– Throughout the history of psychiatry, there has been a constant focus on people with chronic and severe mental disorders. A major driver for the reforms of mental health care in Europe in the 20th century was the concern for these chronic patients, who lived within the walls of asylum and were seen as neglected by society and medicine.

Objective.– This presentation will discuss whether recent societal and professional changes might have caused a shift of mental health care away from the most severe and chronic patients.

Methods.– An historical overview of mental health care for people with severe mental disorders will be provided.

Results.– Over the last 40 years, more money has been spent on mental health care across Europe, so that more staff treat more patients, with an increasing provision of care for patients with less severe disorders. Increasing social inequality and changes in social welfare systems – partly linked to austerity policies – are likely to have affected patients with severe and chronic mental disorders. The focus and some findings of scientific research seem to put less emphasis on chronic patients. Changes in the widely used terminology in psychiatry (e.g. mental health, well-being, users) may jeopardise the traditional role of psychiatry in caring for the most severe patients.

Conclusions.– There are worrying signs that societal changes and recent development in psychiatry might determine a reduced focus on severe and chronic patients. Implications and possible reasons for this will be discussed.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0002

Chances and challenges of working in partnership with users and family carers

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Introduction.– The active involvement of service users and their relatives and friends is essential for the development of recovery-oriented and rights-based mental health practice and research.

Objective.– Present and discuss the chances and challenges of a participatory approach.

Methods.– Non-systematic review of experience and evidence on working in partnership with users and family carers.

Results.– The Trialogue experience – an exercise in communication between service users, families and friends and mental health workers on equal footing – is indicative of our capacity for surviving and gaining from serious discussions of adverse issues, such as coercive intervention, as well as the great possibilities of cooperative efforts and coordinated action, such as fighting stigma and discrimination. The first triologic WPA Task Force on Best Practice in Working with Service Users and Carers under the leadership of Helen Herrman published ten recommendations to the international mental health community with an urgent call for a partnership approach on all levels of mental health policy and care. Currently, special attention needs to be given to new roles and responsibilities arising from the historical challenge of the UN-Convention on the Rights of Persons with Disabilities for mental health professionals, users of services as well as relatives and friends.

Conclusions.– Actual developments regarding new rights to patient autonomy as well as new entitlements for support for living in the community including the right to family life, reasonable accommodation and supported decision-making warrant a partnership approach in order to have a positive real life impact.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0003

Providing care for people with severe mental illness: What should the research focus be?

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Objective.– Despite encouraging approaches, strengthening the rights of people with severe mental illness, we face a widening mental health treatment gap. Research in this field is crucial to identify needs, study interventions and renew the care system.

The following topics should be addressed:

- Poverty affects people with severe mental illness. Research should address victimization, violence, homelessness and somatic comorbidities.
- Historical research is needed to understand mental health reform processes. This research can help us in striving for improvements in mental health care.
- Research on the role of peer support in care systems in diverse countries (including low- and middle-income countries) and service settings may help sharpen our understanding of the field.
- The patients' perspective, the key to an individualized treatment plan, is often ignored yet. Planning patient-centred community mental health care is based on valuable data.

Methods.– Review of literature, guidelines and mental health politics with respect to research for people with severe mental illness.

Results/discussion.– Well-founded research is a prerequisite for improving the provision of care for people with severe mental illness. Society and politics play a crucial role in defining the importance of this research.

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S0004

Positive courses of severe chronic psychiatric disorders. First results of a longitudinal mixed-methods matched pairs design

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Objective.– The position that individuals with severe chronic psychiatric disorders can recover and establish a certain degree of mental stability that can enable an independent and fulfilling life is main component of the concept “recovery”. To sustain recovery, different variables and interdependent factors are needed, e.g. psychological resilience and empowerment. Actually, there is a lack of longitudinal studies focusing on the interdependency of recovery and resilience in patients with severe chronic psychiatric disorders, especially with an emphasis on overall psychiatric diagnosis.

The study examines residential patients with severe chronic psychiatric disorders who lived in a long-term care institution for psychiatric rehabilitation (SGB XII) in Lower Saxony and who were able to move out and live by themselves in 2016 and 2017.

Methods.– Qualitative preliminary-study with focus groups, containing different perspectives. The main study follows a naturalistic mixed-methods-design and a longitudinal course. There will be five follow-ups within 24 months after first measuring time.

Results.– The results of the preliminary study will be presented and discussed. Furthermore, there will be given an overview of the current status of the main study, the next steps and possible consequences. The results of the main study should be used in different subject areas, e.g. identification of factors enabling independent living and creation of effective therapy interventions for patients with

severe chronic psychiatric disorders who have lived in a long-term care institution.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Symposium: The Use and Abuse of Neuroimaging in Forensic Psychiatry: What Can We Learn From Neuroimaging Colleagues?

S0005

The role of neuroimaging studies in our understanding of suicidal behaviour

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Suicidal behavior is a relevant and multifaceted public health issue and is commonly associated with a significant disability and psychosocial impairment. The World Health Organization (WHO) reports that every year, approximately 800,000 people die from suicide, with a global mortality rate of 16 per 100,000. To date, no reliable biomarkers are available to predict exactly which subjects will develop suicide over time, but neuroimaging techniques are now providing novel insights into the complexity of this phenomenon offering promising data for understanding the neurobiology of suicidal behavior. Elucidating brain structural/functional deficits may help to clarify the pathophysiological mechanisms underlying suicidal behavior and assist in identifying high-risk individuals in the clinical practice. Structural brain imaging techniques in patients with psychiatric disorders have been used since the 1970s. According to magnetic resonance imaging (MRI) studies, a higher prevalence of white (e.g. periventricular and deep) matter and grey matter abnormalities in the frontal, temporal and/or parietal lobe as well as reduced volumes in the frontal and temporal lobes have been reported in subjects with a history of suicide attempts. Interestingly, all these brain areas have been shown to play a significant role in several psychopathological domains, such as emotional dysregulation and abnormal self-processing, which are supposed to play a role in the emergence of suicide behavior. Furthermore, studies using task-based BOLD fMRI showed aberrant neural activity patterns in suicide attempters. Task-based fMRI has been used to test the neural substrates of specific cognitive and emotional intermediate phenotype of suicide such as error monitoring and decision-making as well. There are also studies that indirectly investigated suicidal behavior using rsfMRI techniques (e.g. they mainly explored key psychopathological predictors of suicidal behavior such as hopelessness, which may provide useful information about suicidality). However, the possible contribution of neuroimaging techniques in our understanding of the complexity of suicide needs to be examined in the light of some shortcomings. First, it is unclear whether the reported abnormalities represent risk markers for suicide or are directly related to the course of illness as a result of disease processes. Moreover, existing neuroimaging studies usually include relatively small and clinically heterogeneous samples that may have seriously limited their statistical power. The potential effect of psychoactive medications on neuroimaging studies cannot be ruled out as well. Studies may also lack detailed information regarding medication doses or duration of treatment.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0006

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