Results: in the basic group physical's "I" disorder at the stage of sex self-consciousness (preference of external attributes of the opposite sex, negative perception of own corporal shape) have appeared are connected as among themselves, and with physical's "I" disorder on the following, sexual role stage (negative perception of the physiological displays one's anatomic sex) that has led to disorder at the stage of psychosexual orientations (choice of the opposite sex social and gender role). Infringements of development mental "I" on gender-role stage (preference of interests and hobbies more peculiar to the opposite sex in our culture and elements of musculan behaviour) have appeared are caused by infringements mental "I" at a stage of sexual consciousness (preference of game activity in the group of opposite sex) in the group of comparison.

Conclusions: pathogenesis of gender dysphoria at women with organic mental disorders connected with physical's "I" disorder at the stages of sex self-consciousness and sexual role.

P0257

My efforts and actions in making my treatment for mentall illness safer for me

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Patient safety of mentally ill can be endangered everywhere: in hospital, community, at home/family. There are lots of problems surrounding the mentally ill patient's safety during the treatment: Lower quality of medical services because of mental patients stigma& discrimination, Lack of compliance in therapeutic process which causes unsafe situations (refusal of medication, wrong medication or dose), Medical mistakes in treatment related to the fact that mental patients physical illness is often disregarded and neglected, Low awareness about side effects of psychiatric medication, Patients with severe/chronic mental illness can be easily misused or manipulated.

The authors are showing the story of a mentally ill patient and problems with patient safety in his medical treatment, around the issues of Patients engagement, Openness/ Honesty/Disclosure, Partnerships, Networking with various organizations and especially with the NGOs for human rights of mentally ill and at the end the action of the World Alliance for Patient Safety Workstands.

Authors are describing several activities conducted: Raising awareness about patient safety in mental field, Partnership of all key players (experts, professionals, families, patients), Education of patient advocates and patient for patient safety champions, Dissemination of good practice and solutions to prevent medical errors and improve patients safety, Learning from experience of mental patients (patient is an expert of his own experience, he is in a center of health care system and should be seen as a compass, conscience, teacher, catalyst and witness), Changing of European mental health policy to cover care of both physical and mental health.

P0258

Examining parental agreement and compliance with recommendations made by a mental health telephone triage service

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Objective: To date, the Calgary Health Region Child and Adolescent Mental Health Program (CAMHP) has triaged 23,883 referrals of which 14,034 have been enrolled and 9,849 have been referred at the time of triage to usually non-affiliated community-based programs or to the primary care referral source with recommendations. This paper reports on the results of a survey of those not accepted directly to CAMHP services in order to examine whether or not the recommendations made to the families seeking services were perceived as being appropriate.

Design and Methods: A survey was developed and a list of those who had been declined service and given recommendations to seek service in the community was generated and these were contacted based on random selection.

Results: Highlights include that a rating of 3.5/10 with respect to being satisfied with the service received on a scale of 1-10, with one being the best and ten being the worst. Additionally, when asked if AMH matched an appropriate mental health service to meet their child's needs, respondents replied Yes (56/69), No (11/69), Don't Remember (1/69), or Did not utilize the service (1/69).

Conclusions: The vast majority of clients surveyed were satisfied and felt that the recommendations made by AMH were appropriate. Implications for Practice or Policy AMH services appear to be appropriately aware of and linked with community serves to the extent that clients report a high level of contextual endorsement of the recommendations that are made.

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P0259

The place of the Western Canada waitlist project in regional child and adolescent mental health program services

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The Place of the Western Canada Waitlist Project in Regional Child and Adolescent Mental Health Program Services.

In this presentation is described the history of the Western Canada Waitlist Project (WCWL) and its implementation within the Child and Adolescent Mental Health Program. Highlighted is how the Western Canada Waitlist Project fits into regional clinical and accountability processes. Our results confirm that the Western Canada Waitlist Project Children's Mental Health component is a useful, economic instrument. For example, 11,067 Children's Mental Health Priority Criteria Score (CMH-PCS) forms have been completed since the beginning of the project in 2002. Not only have the WCWL data been used clinically to place clients within the continuum of care and develop priority and safety flags, the WCWL data have also been used to predict and model clinical outcomes. The current paper highlights the degree to which the WCWL-CMH-PCS, gathered at the time of screening and triage, prior to admission, predicts clinical outcomes at the time of discharge. Described is the way in which we plan to use this information to flag on admission, for the purpose of additional intervention, children who are at risk of poor clinical outcomes.

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P0260

Coverage of the medical databases in psychiatric research

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Background: Electronic literature databases are important tools when searching for medical information but the selection and coverage of databases affects the search results. In the case of health science, the choice of databases is not always easy, as some of the material may be scattered in databases focusing on different fields. Often PubMed is the only database used in medical research. The aim of this study is to examine the coverage of literature databases and to identify the best databases or combinations of databases in different topics in psychiatry.

Methods: We performed database searches on four different topics. The topics were ADHD prevalence, schizotypal personality, brain MR imaging studies in schizophrenia and recovery in schizophrenia. A systematic retrieval of studies was performed in three databases (PubMed, Web of Science and PsycINFO). We studied also if publication years or language of the articles affect database coverage.

Results: PubMed was most comprehensive database in ADHD (85% coverage of total results) and in MRI studies (71%), whereas PsycINFO was most effective in recovery (62%) and in schizotypal personality (72%). The most comprehensive combination of two databases found 78-91% of the articles in the different topics.

Conclusions: When choosing databases for information search the extent of coverage should be taken into account, as there is no database that covers all information needs. The used literature databases should be selected bases on the topic. In psychiatry, especially in topics related to psychology also PsycINFO should be considered. In all, use of several databases is recommended.

P0261

Access to medical equipment for British psychiatrists

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Background and Aims: There is a clear association between mental illness and poor physical health. Standardized mortality ratio shows an increased risk of death for many psychiatric illnesses. Physical illness may cause or exacerbate psychiatric symptoms. Psychotropic medications can cause iatrogenic diseases such as diabetes and cardiac arrhythmias. In view of these psychiatric population needs effective physical health monitoring but such monitoring requires equipment. Our primary aim was to examine psychiatrist's access to medical equipment.

Method: A non-random sample of 181 consultant psychiatrists from the West Midlands were asked to complete a postal questionnaire detailing medical equipment accessibility, as well as their views on monitoring physical health in patients using psychiatric services.

Results: 98 (54%) consultant psychiatrists from a wide range of psychiatric specialties responded to a single mailing. In general, psychiatrists did not have ready access to commonly used equipment even if hospital based. Psychiatrists who were predominantly community based were even more disadvantaged. Less than half the sample undertook routine monitoring of patients on atypical antipsychotics and a similar proportion believed this to be a primary care responsibility.

Conclusions: Poor access to medical equipment is common and must impede psychiatrist's ability to provide physical healthcare for their patients. Lack of equipment may reflect the view that physical healthcare is not the psychiatrist's responsibility but increasing concerns about psychotropic side effects and lack of access to physical healthcare for mentally ill patients challenge this belief.

P0262

Measuring computer attitude in psychiatric inpatients

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Negative computer attitude has been shown to be a possible co-variable in computerized examinations of psychiatric patients, affecting patient-computer interaction as well as reliability and validity of assessment (Weber et al. 2002, Acta Psychiatr.Scand., 105, 126-130).

It remains still uncertain if the psychological construct of computer attitude can be dependably measured in acute psychiatric inpatients or whether it is impeded by the effects of mental illness. For that reason a German translation of the Groningen Computer Attitude Scale (GCAS) was evaluated in 160 acute psychiatric inpatients under naturalistic conditions.

General test criteria (internal structure, item analysis, internal consistency, split half reliability) to a large extent corresponded to those formerly found in healthy subjects and psychiatric outpatients. The mean GCAS score was calculated as 56.2 ± 10.8 points and a significantly better computer attitude was found in male, better educated and younger patients. Some diverging correlation patterns were found in diagnostic subgroups, indicating a possible minor impact of mental disorder on computer attitude.

Overall, the GCAS was found to be a suitable instrument for measuring computer attitude in acute psychiatric inpatients. It should be used in identifying patients with a negative attitude to computers in order to ensure reliability and validity of computerized assessment.

P0263

Subcapsular orchiectomy - Are we desperate or hopeful?

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There are numbers of ill-fated men who suffer from prostate cancer. That is a severe psychological shock by itself. Some of those men develop bone metastases. This is another shock, far more forceful and frightening. Finally, an urologist comes to see these patients and delivers verdict: there are no other therapeutic options but subcapsular orchiectomy. This is an ultimate, devastating shock – at least it seems to be one. What happens to men who decide to go through it? What is their reaction? What doubts and questions do they struggle with? How do they cope with radical, drastic and dramatic nature of the procedure? How do they sustain brutal and aggressive surgery and irreversible, permanent and damaging consequences it carries with it? A lot of questions arise for both patients and doctors during both preoperative and postoperative periods. This presentation will offer some of these difficult questions to the viewers. It will also offer some of authors' thinking and practice for critical evaluation and assessment.

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