

Introduction Studies have shown that people with Intellectual Disabilities (ID) develop mental illness at rates similar to or higher than general population¹.

Objectives There is no previous study on mental health of adults with ID in Turkey.

Aim The purpose of this study was to investigate the prevalence and associated factors of mental disorders in adults with ID in Turkey.

Methods 151 participants with ID aged 18 and over were recruited from care homes, rehabilitation centers and from people attending to psychiatry outpatients for the first time. Every participant underwent face to face assessment by a psychiatrist supported by an informant and previous notes. A structured purpose designed socio-demographic form was used. Diagnoses were drawn according to DSM-5. Point prevalence of disorders was calculated and associated factors were investigated.

Results 63.5% of the participants met criteria for one psychiatric disorder, 21% had more than one disorder. The most common disorders were: challenging behavior (34%), autism spectrum disorders (%13.9), and anxiety disorders (13.9%) and attention deficit hyperactivity disorder (10.6%). Living in a care home and being young were associated with mental ill health ($P < 0.05$) [1].

Conclusion This study demonstrates high psychiatric comorbidity in adults with ID. Young age and care homes were the associated factors in this sample. These results are important to raise awareness of professionals and service providers about mental health of adults with ID.

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Reference

[1] Buckles J, Luckasson R, Keefe EA. Systematic review of the prevalence of psychiatric disorders in adults with intellectual disability. *J MentHealthResIntellectDisabil* 2013;6(3):181–207.

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EW0161

Using quality improvement methodology to achieve NICE compliant care for people with intellectual disabilities whose behavior challenges

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Background In May 2015, NICE published guidelines for people with intellectual disabilities whose behavior challenges (NG11). Eight quality standards were subsequently developed by NICE to help service providers, health and social care practitioners and commissioners implement the necessary recommendations within the new NG11 guidelines.

Methods We used a Quality Improvement (QI) methodology including process mapping, driver diagrams, and fortnightly QI team meetings. We conducted a baseline audit of the quality standards and used Plan-Do-Study-Act (PDSA) cycles to pilot interventions generated by the team to improve compliance with the standards.

Results Baseline compliance with the quality standards was low. We identified four priority areas for intervention: annual physical health checks, recording the indication of medication, multidisciplinary case discussion and concurrent psychosocial interventions for those prescribed medications for challenging behavior. Using a PDSA cycle for each intervention, we have demonstrated improved compliance with the NG11 guidelines. Compliance for the recording of indication of medication for all case reviews was previously

0% and now 100%. At least one target case is discussed at each MDT team meeting. Full results for annual health checks are awaited, but intervention has already shown an improvement in the uptake from 40% to 70%. Staff and carers knowledge of psychosocial interventions for people with challenging behavior showed an improvement after training.

Conclusions Quality Improvement methodology was successful in improving adherence to NG11 guidelines. We are currently assessing whether this is leading to reductions in challenging behavior and improvements to people’s well-being.

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An online survey of the stigma attached to psychiatry and psychiatrists in India

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Introduction Stigma in psychiatry is pervasive, it does not stop at illness and marks all those who are ill, their families across generations, institutions that provide treatment, psychotropics, and mental health professionals. Stigma directed towards psychiatry as a branch & psychiatrists in particular has not been systematically studied in the Indian context.

Objectives To study the Indian psychiatrists perspective of stigma directed towards psychiatry & psychiatrists.

Methods An online survey containing “The World Psychiatric Association Stigma Questionnaire” was sent to the members of the Indian Psychiatric Society. Two hundred and three Indian psychiatrists filled out the questionnaire which assesses the stigmatization of psychiatry and psychiatrist as perceived by the psychiatrists themselves.

Results One hundred and thirty-two psychiatrists completed the survey with a completion rate of 65%, 75% of the respondents were male and most of their clientele was from urban catchment area. Sixty percent of the psychiatrists were either working in a psychiatry hospital or a psychiatry unit in a general hospital setting. More than a third had high-perceived stigma but had a very low stereotype agreement. Discrimination experiences were noted by more than 75% of psychiatrists, however less than 8% had a negative stigma outcome.

Conclusions Though most of the Indian psychiatrists perceive themselves as being stigmatized, the stereotype agreement was found to be low and the discrimination experiences did not have significant impact on job performance. Though this might reflect resilience, we must attempt to improve the image of psychiatry and strive towards achieving a larger public acceptance of mental health services in India.

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Changes in utilization of psychiatric hospital facilities in Denmark by patients diagnosed with Schizophrenia from 1970 through 2012: The advent of ‘revolving door’ patients