

began in September 2005. The initial mandate was to reduce the length of hospital stay for youth with complex mental health issues. This partnership program provides transitional treatment beds from YAP, a hospital-based program, to ENP, a community-based intensive residential program, which can be available for a 2 to 3 month period until the child is integrated back into the family setting. After its initial 6-month pilot period, the Calgary Health Region (CHR) completed a preliminary program evaluation. The results demonstrated that the youth admitted to the ENP-YAP program were successfully integrating back into their homes without readmission to the hospital program. A formal contract has been established to fund the ENP – YAP ongoing partnership. Services provided include: a CHR liaison nurse, psychiatric follow-up by CHR psychiatrists, family and individual therapy, parent support groups, client treatment groups, educational support, and connections to other community therapeutic agencies. In February 2006 a one-year follow-up evaluation was completed that demonstrated ongoing success with enhancing family relationship dynamics and avoiding readmission into hospital. A recommendation from this second evaluation was to expand the number beds and broadening the partnership base to include the Child and Adolescent Mental Health Program (CAMHP). This commenced April 1, 2007. This poster presentation will illustrate the history of the partnership, details of the program services, specific outcomes, lessons learned, and plans for future development.

### P0306

Evaluation of non-specific psychological attributes in different types of gender identity disorder

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**Background and Aim:** For different group of gender identity disorders were creation specific attributes, but also important to consider identify non-specific psychological attributes of gender identity.

**Methods:** were assessed clinically and using experimental-psychological approach with modified BSRI (MiF) and colour attitudes test (CAT) to identify characteristics of gender identity and emotional attitudes respectively.

**Subjects:** 89 male and 68 female patients following their request for gender change

**Results:** The patients were divided in three groups according to their main diagnosis: 38 patients were diagnosed with histrionic personality disorder, 52 patients with transsexualism and 67 patients with schizophrenic disorders. The unspecific attributes of the first group were correspondence between gender identity and gender preferences and biological gender (92%) and absence of the negative image of the opposite gender (93%). In the second group patients didn't identify themselves with infantile male and female images (87%), gender preferences did not fit the image of own biological gender (90%) and there was no distortion in representation of male and female roles on both logical and emotional levels elicited (87%). Images of ideal and real sexual partners did not correspond with the image of gender wanted (90%) and emotionally ambivalent or negative one's image appraisal was absent (83%). It was not possible to determine non-specific characteristics in the third group as their combination was too diverse.

**Conclusion:** evaluation of non-specific psychological attributes for each separate diagnostic group can be a valuable tool in differential diagnostics of gender identity disorders.

### P0307

Time gap experience in slight consciousness disturbance

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We present a case of SLE psychosis with a characteristic symptom mainly concerned to time dysorientation.

A lady of 17 years old without any previous history is hospitalised to Jichi Medical University Hospital, because of convulsion. After this problem is disappeared, she became inactive, however, sometimes irritated without any specific reason. Brain imaging (MRI, CT) was normal, but EEG revealed slow waves as basal rhythm. Her physical state and labodatas fulfilled the criteria of SLE. She was treated with Steroid-pulse therapy (Methylprednisolone 1.000 mg/day for 3 days), prednisolone 90mg/day (for two weeks) and finally betamethasone 8mg/day (for three weeks) which made her consciousness clear, and her behavior coherent.

During the periode of the steroid pulse therapy and the start of betamethasone, this patient repeated to say "the date is wrong". She believed that one year had already passed since her admission. She appeared to be perplexed continuously between the two different time standards (wrong standard of her own and the right one of common world). We could not correct her misunderstanding until her consciousness became clear.

This symptom of misunderstanding and perplexion derives from continuous dysorientation. We may call this "time gap experience". We could observe this type of dysorientation in a very slight consciousness clouding which continues stably during certain period. Therefore, "time gap experience" can be a key to find a psychosis based on somatic disease like SLE.

### P0308

Autism in adulthood: 48 months follow-up evaluation of the farmstead community model

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**Background:** Many authors punctuate the lack of knowledge about the evolution of autistic spectrum disorders (ASD) in adulthood (Howlin et al., 2004). This deficiency leads to an almost absolute absence of long term care structures specifically conceived for autistic adults; hence, they usually live at parental home, or they are admitted into mental institutions which are not suitable for cognitive and adaptive peculiarities of autistic disturbance (Barale & Ucelli, 2006).

**Aim:** Among the limited ad hoc solutions, the present research concentrated on the farmstead community model, which utilizes the rural setting in order to plan rehabilitation projects (Giddan & Giddan, 1993); the aim was to establish whether the farm community model can positively affect the long-term outcome.

**Methods:** A 48 months follow-up study was performed; the sample, recruited from the community "Cascina Rossago", was composed of 10 adults (1F, 9M; mean age: 29.4 years) affected by ASD and mental retardation (APA, 2000). The construct of adaptive behaviour, assessed by Vineland Scales (Sparrow et al., 1984), was

chosen to achieve a fitting measure of global functioning; data survey was both retrospective (chart review) and prospective.

**Results:** Paired samples t-tests showed significant differences between T1 and T2 with regard to “Composite Scale” ( $t(9)=3.354$ ;  $p<.01$ ), “Communication” subscale ( $t(9)=2.449$ ;  $p<.05$ ) and “Socialization” subscale ( $t(14)=2.613$ ;  $p<.05$ ); the “Daily Living Skills” subscale demonstrated a borderline p-value ( $t(9)=2.250$ ;  $p=0.0510$ ).

**Conclusions:** These results indicate that farmstead community environment can produce a favourable effect on adaptive behaviour, especially in those areas which represent the chronic core of autistic symptoms.

### P0309

Phenomenon of immigration and suicide in young people in Romania  
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Suicide in young people is complex, with multiple dynamic factors contributing to the event in each individual case. The most common risk factors are: psychiatric disorders (mood and anxiety disorders, psychotic disorders, alcohol and substance use disorders, personality disorders), psychosocial stressors, medical diseases and poor coping capacity. Generally it is estimated that up to 90 % of suicide in young people is related to a mental disorder.

In Romania, in the last 10 years, the importance of the psychosocial stressors has significantly grown up, especially the fear of losing a beloved one. Because of the migration of people in the western countries, due to the better conditions for work there, many children and teenagers are left in the care of relatives or state institutions, which fail to give them the love and understanding of their parents.

Our study, made in collaboration with the Forensic Medicine Institute, shows, on a 10-year period, the increasing of suicide attempts and finalized suicide in young people, especially after Romania adhered to the European Union.

### P0310

Boundaries, ethics and chaos theory in psychotherapy

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Physicists tell us that to understand a phenomenon is to know its borders. To know where one entity ends, and another begins, is an essential component to living in harmony with the environment. At the same time, the maintenance of boundaries produces tension. There seems to be a natural urge to surrender boundaries and to merge with the universe. While initially exhilarating, this experience can also be damaging. Such is the case in psychoanalytic psychotherapy when boundaries are blurred between clinician and patient.

Through vignettes and personal observations of the author the impact of blurred boundaries in the psychoanalytic relationship will be presented. My previous research has shown that when clinicians allow boundaries to blur then there are often significant untoward treatment reactions that are interpreted as transference and resistance when they are not.

When negative treatment reactions are manifested during the course of treatment, the frame is rarely considered as the source of the problem. A psychoanalytic interpretation is often used to explain the phenomenon. This may be a technical error.

Concepts taken from chaos theory such as "sensitive dependence on initial conditions" (which means small changes in input can produce large changes in output) may better explain negative treatment reactions than psychoanalytic theories do. This may be particularly true in cases of iatrogenesis.

### P0311

The development of a mobile psychiatric unit in a rural area of Greece: Preliminary results

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**Background and Aims:** A mobile psychiatric unit is an outpatient, community-based psychiatric service, alternative to mental hospital, with proven effectiveness and efficacy. This study presents the development of the Mobile Psychiatric Unit of the prefectures of Ioannina and Thesprotia (M.P.U. I-T), Greece, and the results of its operation during the first six-month period of its establishment.

**Methods:** The M.P.U. I-T is a specialized multidisciplinary team which provides psychiatric services and promotes mental health in a rural population of about 100.000 people. A close cooperation with all health care providers within the catchment area has been established. Patients were examined by the M.P.U. staff and medical data were collected in order to identify the needs of the patients living in these remote areas.

**Results:** 344 therapeutic actions have been recorded. 106 (30.8%) were visits at the patients' homes, which indicates their difficulty in accessing the mental health system. During this six-month period the number of the patients was gradually increased, reaching currently a total of 132 patients, whereas 42 patients are permanently followed-up by the M.P.U. In addition, 58 education and promotion activities, 55 meetings with members of primary care services and 27 meetings with members of the local authorities and other corporations have been recorded within the same period.

**Conclusions:** These preliminary findings provide initial evidence about the increased needs of the rural areas for the development of community-based mental health services. A community-orientated programme based on mobile psychiatric units offers quite satisfactory results in this direction.

### P0312

Cost effectiveness analysis of day hospital and inpatient treatment in Poland

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**Aims:** Analysis of effectiveness and costs of day hospital in relation to stationary treatment. Study constitutes part of project carried out within 5th EC Framework Program-EDEN.

**Material:** Out of 1089 patients admitted to Psychiatric Hospital in Wrocław (PHW) 238 patients were randomly assigned to either day hospital ( $n=115$ ) or inpatient ward ( $n=123$ ). Patients were interviewed at 6 time-points comprising hospitalization, 3 and 12 months after discharge. Psychopathological symptoms and QoL were expressed in BPRS subscales and MANSA. Costs of treatment were assessed from clients' perspective—according to CSRI questionnaire, from