

IDEA INPATIENT DISCHARGE PROJECT: EXPERIENCES AND ANALYSIS

C. Roventa¹, **V. Banjac**², **P. Brecic**³, **Z. Cavajda**⁴, **J. Dujmovic**⁵, **D. Ergovic-Novotny**⁶, **M. Gasparovic**⁴, **C. Giurgi**⁷, **T. Grahovac**⁸, **I. Kekin**⁵, **R. Knez**⁸, **A. Nawka**⁹, **T. Peharda**¹⁰, **A. Razic**⁵, **L. Roata**¹¹, **M. Rojnic**⁵, **D. Smoljanic**¹⁰, **M. Tomicevic**¹², **D. Vidovic**³, **O. Zhabenko**¹³, **M. Zivkovic**¹⁴, **G. Thornicroft**¹⁵, **N. Sartorius**¹⁶

¹Psychiatry, Psychiatric Hospital Pr. Dr. Al. Obregia, Bucharest, Romania, ²Psychiatry, Klinički Center, Banja Luka, Bosnia-Herzegovina, ³Psychiatric Hospital Vrapce, Zagreb, ⁴University Hospital Osijek, Osijek, ⁵Zagreb University Hospital Centre, Zagreb, ⁶GH Slavonski Brod, Slavonski Brod, Croatia, ⁷Universitatea de Medicina Timisoara, Timisoara, Romania, ⁸University Hospital Centre Rijeka, Rijeka, Croatia, ⁹First Faculty of Medicine, Charles University in Prague, Prague, Czech Republic, ¹⁰General Hospital Pula, Pula, Croatia, ¹¹Universitatea Medicina Cluj Napoca, Cluj-Napoca, Romania, ¹²General Hospital 'Dr. Josip Bencević, Slavonski Brod, Croatia, ¹³Ukrainian Research Institute of Social and Forensic Psychiatry and Drug Abuse, Kiev, Ukraine, ¹⁴Neuropsychiatric Hospital Ivan Barbot, Popovaca, Croatia, ¹⁵King's College London (Institute of Psychiatry), London, UK, ¹⁶Association for the Improvement of Mental Health Programmes (AMH), Geneva, Switzerland

Introduction: IDEA project is the outcome of Association for the Improvement of Mental Health programme and coordinated at Institute of Psychiatry, King's College London.

Aims: Are to explore experience of people treated in a mental health setting across nations, determine how inpatient experiences can be improved. Experience gained from interviews will be used to propose questionnaire for routine use, develop versions of interview for other services, inform a possible follow-up study.

Methods: 30 consecutive patients are interviewed on day of discharge in own language. Semi-structured interview covers physical condition in institutions, experiences of treatments like medication, satisfaction with staff, privacy, dignity and whether rights were respected. Responses are summarized on several visual analogue scales and quantitative analysis will be performed. The scale will also be analysed by demographic indices within centres to see whether different groups have different experiences.

Qualitative responses will be analysed thematically, both within and between centres, identifying core themes for each domain and core themes for the protocol as a whole.

Results: 10 countries are participating, 577 interviews are completed. It is noticed a large disparity between institutions in regards to the amount of contact patients have with family, access to phone, quality of food, surroundings and view of medication and therapy.

Conclusion: It will be a better understanding of the size, structure and staffing of the institutions included in the study, which will help us with our observations about inpatient experiences by putting them in context and make recommendations to institutions.