Introduction: Mindfulness techniques, which are currently widely used in psychosomatics and psychotherapy, pose challenges when treating people coming from Buddhist groups for several reasons.
Objectives: For their treatment, it is important to take into account decontextualized terms that underlie crucial group dynamics and the effects of damaging neologisms in international Buddhist organizations.
Methods: In the current research project, this topic is approached in combining quantitative with qualitative data. Whereas the data collection is still ongoing, the replies of twelve people are presented.
Results: As commitments to secrecy hinder people to ask for psychotherapy for long, they were asked on their thoughts about secrecy in Buddhist groups. Five of them agreed that acts against them were declared secret, which they then further specified. Six probands agreed having witnessed acts directed toward others being sworn to secrecy, four of which told this was about sexual abuse. Whereas nine agreed having experienced enemy images being built up, three agreed and specified how their own freedom was impaired and six witnessed and specified other group members' freedom having been constrained. While six persons agreed that it was assumed in their group one or more persons could 'purify' someone else in the sense of a 'karma purification' and specified their replies, two replied this concept was used to rationalize actions towards themselves and how it has affected.
Conclusions: As for psychotherapy, it is important to take into account rationalization of violence and abuse through neologisms, pseudotherapies and structural issues in context.

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Keywords: Buddhism; crazy wisdom; karma purification; abuse

EPP1114

Role of multimodal approach to curing anxiety disorders

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Introduction: On the basis of complex clinical anamnestic, clinical psychopatological, pathopsychological research, data were obtained about reasons and conditions of formation, abnormal clinical psychopathological structure, syndrome peculiarities of emotional disfunctions for patients with episodic paroxismal disorders, generalized anxiety disorders and mixed anxiously depressed disorders.To realize the aim and tasks of the research, 145 patients were examined with anxiety disorders, that passed the stationary course of treatment.
Objectives: The purpose of the research was to discover emotional disturbance peculiarities for anxiety disorder patients with different origins of pathological syndromes.
Methods: The basic method was a group psychotherapy with the elements of rational, positive, suggestive and family psychotherapy. In relation to disfunctions of emotional sphere, cognitive-behavioral therapy (CBT) was used for the phobic-depressive and anxious-depressed disorders.
Results: Decrease in general level of anxiety and internal anxiety was obtained for most patients. No spontaneous emergence of fear was practically observed. While active interviewing, patients stated that their former worries and fears have lost actuality and apparent emotional colouring, somatic-vegetative correlates of anxious states disappeared. Up to the end of the therapy course, a sense of calmness was attained as a base-line for the background emotional state. Considerable reduction of symptomatic of the depressed circle also took place. Patients' mood increased, their interests broadened, patients started to feel joy and optimism.
Conclusions: To correct emotional disfunction of patients with episodic paroxismal disorders, generalized anxiety disorders and mixed anxiously depressed disorders, psychotherapeutic correction system is optimal to use, which is built based on stepwise and multimodal principles.

Keywords: multimodal approach; episodic paroxismal disorders; anxiety disorders

Quality management

EPP1115

4Ds: Documenting delirium diagnosis in discharge summary

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Introduction: Hospital discharge is a significant transitional phase with varying levels of needs and risks to be managed as lapses in communication commonly happen between secondary/tertiary and primary care.
Objectives: Our aim was to look at inclusion of delirium diagnosis in discharge summaries based on standards set by: 1. Health Information and Quality Authority (HIQA) National Standard for Patient Discharge Summary Information 2. NICE Guidelines on Delirium: prevention, diagnosis and management (CG 103)
Methods: All inpatients referred to Liaison Psychiatry from 9thJuly 2019 till 5th January 2020 were included, n = 729. Compared discharge summaries diagnoses to the internal Liaison Psychiatry ICD 10 consensus diagnosis and also HIPE coded diagnosis specifically for delirium.
Results: Delirium diagnoses and inclusion of delirium-specific information on discharge summary

	n	Proportion (n=112*) (%)
Q1 Any F05 diagnosis coded by Liaison Psychiatry	117	100
Q2 F10.4 diagnosis coded by Liaison Psychiatry	0	0
Q3 F1x.4 diagnosis coded by Liaison Psychiatry	0	0
Q4 Any F05, F10.4 and F1x.4 diagnosis coded in discharge summary on patient centre	23	20.5
Q5 Was the word delirium or its synonym such as acute confusional state mentioned in the body of the discharge summary?	62	55.4
HIPE Code Diagnosis	66	58.9

Conclusions: Hospital discharge summaries are essentially the main communication link between hospitalists and general practitioners to ensure continuity and future care of patients. Delirium diagnosis is not always recorded in discharge summaries. This is a risk to be managed. Education is vital to ensure awareness, prevention, early recognition and to ensure recording of diagnosis of delirium.

Keywords: Patient safety; Service improvement; communication; delirium

EPP1117

Reception of patients admitted to a psychiatric unit

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Introduction: The reception of a patient in the psychiatric ward is an important step that determines the proper course of care. The welcome is the first stage of the relationship, it is essential to take the measure of the importance of this moment.
Objectives: Assess psychiatric inpatients' knowledge of their rights and obligations.
Methods: This was a descriptive and cross-sectional study based on a self-administered questionnaire containing about twenty questions (20), which assessed the knowledge of patients hospitalized in the HMPIT psychiatry department about their rights and obligations.
Results: Twenty-five (25) patients agreed to answer the questionnaire and two (2) patients refused. Sixty percent (60%) of the patients were unaware of their rights. Sixty-eight percent (68%) of the patients did not know their duties. Forty-eight percent (48%) of the patients did not know the rules and conditions of hospitalization in psychiatry.
Conclusions: Patients hospitalized in the psychiatric ward have limited knowledge about their rights and duties and about the conditions and rules governing hospitalization. In addition to the poster on patients' rights and duties, a welcome leaflet will provide all the information on the rules of hospitalization.

Keywords: patient admission; quality of health care

EPP1118

Therapeutic isolation in psychiatry

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Introduction: Therapeutic seclusion, consist of locking a patient alone in a room dedicated to this type of care. It poses real questions about respect for fundamental rights, in particular the right to liberty.
Objectives: The objectives of our work were to evaluate the practices of psychiatric doctors and nurses in seclusion.
Methods: Our study is descriptive-based. Using a self-questionnaire, a set of questions about the decision of seclusion, its prescription, its means, its surveillance, the information of the patient and his relatives as well as the characteristic of the seclusion room, were asked. Our target population consisted of medical and paramedical staff working in the HMPIT Psychiatry Department.
Results: Our study covered eleven doctors and fourteen nurses. The average age was 35 years with 52% having more than 5 years of psychiatric experience. Fifty-two percent used seclusion while 72% had no specific training. Twelve (12%) percent felt that no accidents could occur in seclusion. Twenty percent (20%) did not find it necessary to transcribe the monitoring parameters on the medical file.
Conclusions: Our study showed that the psychiatric staff lack sufficient exposure to in the area of therapeutic seclusion. A seclusion protocol has been drawn up to guarantee patient safety.

Keywords: patient isolation; administration and organization

EPP1119

Evaluation of efficiency and quality of the multi-disciplinary team handover process in a mother and baby inpatient setting

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Introduction: At Coombe Wood Mother and Baby unit (MBU) there are daily multi-disciplinary team (MDT) handover meetings and a weekly MDT ward round attended by 7-8 team members. There are concerns that the handover is too time consuming, utilising time which could be spent on other clinical duties, and concerns regarding the relevance of information that is handed over.
Objectives: To perform a service evaluation to determine the efficiency and quality of MDT handover meetings in an MBU setting.
Methods: Data was collected from September to October 2020. A checklist was designed listing information felt to be relevant to handover and contained the following data points – 'current situation', 'mental health', 'level of observations', 'risk', 'physical health', 'baby care', 'baby supervision levels' and 'tasks and responsibilities'. The start and stop times of each MDT handover meeting were noted and a record was made as to whether these topics were discussed.
Results: Mean meeting duration was 32.2 minutes (range: 13 – 45 minutes) and amounted to 2.68 hours spent in MDT handover over a 5-day working week. This equates to 21.4 person-hours (based on 8 staff) a week. 928 data points were generated. 50.7% (468) data points were recorded and commonly omitted data points were – 'tasks and responsibilities', 'risk', 'level of observations' and 'physical health'. On all occasions, 'current situation', 'mental health' and 'baby care' were handed over.
Conclusions: The results of this service evaluation provide compelling evidence for a wider improvement project. Involving MDT staff in designing interventions will make handover meetings more meaningful.

Keywords: service evaluation; safety; handover; quality improvement