

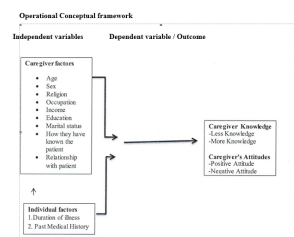
# Posters



## Factors influencing knowledge and attitude among the caregivers of patients with schizophrenia at mathari teaching and referral hospital, Kenya

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Schizophrenia is a mental disease that affects how a person feels, behaves, and thinks. WHO estimates that 60% of people attending primary care clinics have diagnosable mental disorder. About 51 million people worldwide suffer from Schizophrenia globally. The main objective of the study was to determine factors that influence the knowledge and attitude of the caregivers of schizophrenic patients at Mathari Teaching and referral Hospital. Caregiver's knowledge facilitates recognition of mental illness and health-seeking behavior. A cross-sectional descriptive study design was carried out to assess factors influencing knowledge and attitude among the caregivers of patients with schizophrenia at Mathari teaching and referral hospital, Kenya. Data was collected using questionnaire and key informant interview. Schizophrenia was diagnosed using diagnostic and statistical manual of mental disorder (DSM-V-TR) criteria. A total of 303 caregivers visiting the patients with schizophrenia in the wards were selected for study using systemic sampling technique. Pearson correlation coefficient, logistic regression and multiple regression was used to determine the magnitude of the correlation between dependent and independent variables. Most (72%) of the participants did not know the name of the condition which the patient was suffering from. Majority, 164(54.1%) of the caregivers had a positive attitude towards schizophrenia. There was a perfect positive correlation with the length of time the patient had suffered from the condition (.08423 zero order) with the knowledge of the caregiver. From the study finding, there was a perfect positive correlation with age, gender, highest level of education and nature of occupation (.06543, .04186, .0088 and .0039) with the knowledge of the caregiver. There was also a perfect positive correlation with age, gender religion, relationship to client, and nature of occupation (.0054, .0009.0357, .0574 and 0068 zero orders respectively). Study findings indicated a positive correlation between knowledge and the attitude since a caregiver with more knowledge had a positive attitude. The study recommends, treatment literacy classes for caregivers of schizophrenia patients.



### Biography

Edna Anab has experience in both clinical management and program coordination, having worked with various local health facilities and non-governmental organizations. She is a Registered Nurse (Bachelor of Science in Nursing and Public Health) and a Public Health Specialist (Master's in Public Health major Epidemiology and Population Health). She has passion for mental health and has insights of various strategies/ approaches employed to enhance implementation of sustainable health programs, whilst advocating for health systems strengthening. She played a key role in supporting National and County leadership towards spurring acceleration of the country's effort to eliminate mother to child transmission of HIV and syphilis. She previously worked with Kenya National HIV/ STI Control Program (NASCOP) as a PMTCT Technical Advisor on the PMTCT Rapid Response Team and is currently working with AMPATH as a PMTCT Regional Manager. She is adventurous and eager for new challenges.

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## Factors associated with empathy of schizophrenia patients in psychiatric rehabilitation and recovery

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Many schizophrenia patients have been participating social skill training or psychiatric rehabilitation program for improvement of communication ability. In particular, empathy is the most important of communication ability which is to understand the thoughts and feelings of others, it is essential of their life, and must depends for successful social interaction. Thus, this study investigated the motivation-pleasure, and social anhedonia of schizophrenia patients in psychiatric rehabilitation and recovery. The purpose of this study is to investigate the factors affecting the empathy of schizophrenia patients in psychiatric rehabilitation and recovery.

**Methodology:** This study had a descriptive design, using a cross-sectional survey to assess the empathy, social anhedonia, and motivation-pleasure level of patients with schizophrenia during psychiatric rehabilitation or recovery. 118 Participants were patients with schizophrenia who were admitted 5 mental health rehabilitation centers located in 2 provinces of South Korea. The data collection period was November in 2018. In order to measure empathy of the schizophrenia patients in this study, the Interpersonal Reactivity Index (IRI) used self-reported scales. In addition to the Motivation and Pleasure Scale-Self-Report (MAP-SR) and social anhedonia scale used to measure the effect on empathy.

**Findings:** The results of this study showed a high correlation between empathy, motivation-pleasure, and social anhedonia. The variables affecting empathy were age, motivation-pleasure, social anhedonia, and the explanatory power of the variables was 32.6%.

**Conclusion:** The results of this study suggest that the empathy-enhancing program will be more effective at the early stage of disease and at the younger age in order to help schizophrenia to succeed in vocational rehabilitation. In addition, many patients in the recovery period need of communication education, so it is necessary to develop an intervention program.

### Biography

Song has her expertise in improving the psychiatric mental health for schizophrenia. She is associate professor of psychiatric mental health nursing, the dean of nursing department in Wonkwang University, and have been working many researches for psychiatric patients. Especially, she interests in schizophrenia and alcohol abuse disorders. This research was supported by National Research Foundation of Korea (NRF) funded by the Korea government (No. 2018R1D1A1B07043235).

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Table 1. Correlations among IRI, MAP, and Social anhedonia

Variables	IRI r(p)	MAP r(p)	Social anhedonia r(p)
IRI	1		
MAP	.482 (.000)*	1	
Social anhedonia	-.419 (.000)*	.501 (.000)*	1

Table 2. Factors Influencing Empathy (N=118)

Characteristics	Model 1				Model 2			
	B	β	t	p	B	β	t	p
(Constant)	54.00		20.83	.000**	69.68		18.74	.000**
Age † (20-39 yrs.)	-6.50	-.28	-3.24	.002*	-5.08	-.22	-2.79	.006*
Employment †(yrs)	1.32	.06	.71		.474	0.07	.00	.965
Experienced Communication program † (yes)	4.81	.16	1.81		.072	1.73	.08	.97
The need for communication programs †(necessary)	4.81	.17	1.87		.064	0.45	.01	0.18
MAP					-0.24	-.32	-3.31	.001*
Social anhedonia					-.33	-.21	-2.36	.020*
R <sup>2</sup> (F, R <sup>2</sup> )			.146		.326 (180)			
Adjusted R <sup>2</sup>			.116		.290			
F			4.845		14.807			
p			.001*		.000**			

† Dummy variables  
\* p < .05 \*\* p < .001  
IRI: Interpersonal Reactivity Index  
MAP: Motivation and Pleasure Scale

# Accepted Abstracts



## **Telepsychiatry: Moving beyond rural care to enhancing the patient experience**

**Allison Sikorsky**

At Your Service Psychiatry, USA

Telepsychiatry has been around since the 1960s. It developed out of a lack of providers in rural settings. Since then, it has expanded into other areas of need, including the Veterans Affairs, prison or jail systems, and inpatient psychiatric hospital coverage. Telepsychiatry has the potential to expand beyond need and into convenience and enhanced patient and clinician experience. Telepsychiatry may be one small piece of a large puzzle of lowering physician suicide. As we all know, there are many reasons why physicians and other healthcare professionals do not get psychiatric care. Physicians have the same rate of bipolar, alcohol use disorder, depression, and anxiety as the general population, but the highest suicide rate of all professions in the United States. The physician suicide rate is multifaceted. It includes the moral fatigue caused by working in American hospital systems, administrative burden, education debt, and time spent with electronic medical records over patient care. However, another consideration is their barriers to care: including stigma, lack of private provider, no nearby areas, and hours outside of regular business operation hours. Private telepsychiatry offers physicians, healthcare workers, people of media attention, and anyone else with higher privacy concerns the option to get care. Private telepsychiatry, with personal electronic medical records, allows clinicians to get care without the fear of having their charts accessed. Telepsychiatry gives them access to providers outside of their colleague circle. This talk will be about building a professional-courtesy service-oriented private telepsychiatry practice to reach those healthcare professionals who would not otherwise obtain psychiatric or substance abuse care. America has many telemedicine restrictions with ever-changing rules and today's psychiatrists and psychiatric mental health nurse practitioners have many roadblocks to building a successful telepsychiatry practice.

## **Cyber-psychology: Application of virtual elements in psychology**

**Daniele Veri**

CEO of Neuratek, Italy

Augmented and virtual reality, technologies first presented back in 1962 are taking huge steps forward in the everyday life right now. Psychology needs to follow the social transformation, renewing its instruments. This doesn't mean changing what traditional methods already offer but empowering the ones we already have. But why is this change needed? Is it just "fancy" or actually truly an augmentation of the field? Analyzing many of the recent researches about the psychology-digital paradigm, a new potential for technology implementation it's seeable, as the results show efficacy and consistency in the usage of digital instruments in classical psychology treatments. Supporting the digital transformation, the gamification, brings the therapy further closer to the patients. Gamification helps the therapist to engage its patient in a more effective method, raising the therapies success rate. In conclusion augmented and virtual reality have the potential to support personal and clinical change. The way those technologies affect the human perception is drastically relevant in the development of new therapies. The digital transformation does not only affect clinical psychology, but can be also involved in positive psychology, augmenting not clinical subjects, bringing new levels of potential wellbeing.

## Adult Depression Diagnostic Protocol (ADDP)

**Fagner Alfredo Ardisson Cirino Campos**  
Government of the State of Acre, Brazil

Depression is an underdiagnosed pathology in the health service, probably because health professionals often have difficulty tracking it. There is a difference between sadness and depression, and diagnostic standard taxonomies are difficult to handle. The present work aims to present the Protocol of Diagnosis of Depression in Adults (ADDP). The ADDP was created by a RN and a Psychologist in the year 2015 and consists of the brief systematization of information to identify the different depressive disorders of ICD-10. It's ADDP can be used by health professionals, through an evaluation of the interviewed patient, and facilitates the diagnosis of depression. This was evaluated by a mental health team from a Psychosocial Care Center (CAPS), a mental health service unit in the Brazilian Amazon region. This team validated that ADDP is operative, feasible and easy to apply in the health service. Structurally, ADDP is divided into four parts: **(I)** presentation of the fundamental and accessory symptoms of depression; **(II)** specification of non-recurrent depressions, ie the first diagnosis of depression in the patient; and also the specification of recurrent depression, when the patient has already had a depressive diagnosis and ends up having a relapse; **(III)** presentation of persistent mood disorder (chronic formulations of depression); and **(IV)** presentation of other mood disorders (unusual depressions). It is concluded that ADDP can facilitate the diagnosis of depression in health services, being a low cost technology that will favor the rapid and effective diagnosis of depression.

## **Evaluating the use of multi-disciplinary team meeting sheets in older adult & adult mental health in a tertiary psychiatric hospital in NHS Grampian, North Scotland 2019- a completed audit cycle**

**Sanah Ghafoor**

Clinical Effectiveness Team, UK

Multidisciplinary care is common practice, although not uniform, throughout the country according to National Institute for Health and Care Excellence(NICE). Practical implementation of multi-disciplinary care is variable across different wards and is vital for effective communication and planning of patient care.

Multi-Disciplinary Team(MDT) meeting sheets were implemented in the Mental Health Service in NHS Grampian following recommendations from an adverse event report involving a suicide in 2012. After the initial audit, a further cycle was completed and the loop closed in 2019.

Aims were to evaluate whether attendance at the meeting was multi-disciplinary, evaluate the level of completion of paperwork and to evaluate whether errors are documented appropriately. Method employed included utilising a data collection tool created by the Clinical Effectiveness Team on the Older Adult and Adult Mental Health wards over the course of one week in 2019.

Results showed an improvement in the use of MDT sheets across both Older Adult and Adult Mental Health from n=18 to n=78 (a 77% increase), improved written documentation of changes (89% in previous audit vs 99% in 2019), who was responsible for making those changes (61% vs 69%), an improvement in patient identifiable information (67% vs 99%) and written evidence of staff members and designation present at the meeting (89% vs 96%). Areas requiring improvement identified include legibility (94% vs 81%), accuracy of recording errors and signature/designation (94% vs 90%/78% vs 76%) of staff on MDT sheet.

The recommendations were discussed at the Audit & Clinical Effectiveness Meeting in the Mental Health Service in NHS Grampian. These included typing/writing in capital letters to improve legibility, providing education via email/at handover on accuracy of recording errors and finally promoting joint medical & nursing responsibility for signing and completing paperwork. Further re-auditing once changes are implemented may be required.



## Selfie syndrome – a modern addiction

**Anamaria Ciubara, Liliana Luca and Alexandru Bogdan Ciubara**

"Dunarea de Jos" University, Romania

With the occurrence and development of social networks and gadget development, new manifestations occurred in the area of mental health. They do not have to be dealt with independently, as they are usually a form of manifestation (symptom) of regular mental disorders, classified by the world psychiatry associations. One of the newly described pathologies is "the selfie syndrome". Back in March 2014, in Chicago, the American Psychiatry Association agreed that exaggeration in taking selfies is a mental disorder and was clinically diagnosed as "Selfitis". Three clinical forms of this pathology were defined:

- Borderline selfitis (manifestation at the edge of normal): taking up to 3 selfies a day without uploading them on social networking sites;
- Acute selfitis (acute manifestation): taking up to 3 selfies a day and posting each of them online;
- Chronic selfitis (severe chronic manifestation): uncontrollable urge to take selfies every hour and posting them on social networking sites more than 6 times a day.

Moreover, California State University, following an extensive study, associates clearly the selfie phenomenon with a series of mental disorders such as: attention deficit, depression, obsessive compulsive disorder, narcissism (the clinical form), hypochondria, schizoaffective disorder, schizotypal disorder, body dysmorphic disorder, voyeurism and addiction.

The team of psychiatrist and clinical psychologists who did the research draws attention to the fact that the selfie phenomenon has the property of exacerbating the narcissistic behavior in people who suffer from this pathology and clinical manifestation of this disorder in people who suffer from an easy, subclinical form of narcissism.

Going through the currently worldwide accepted definitions, the selfie syndrome must be interpreted at an individual level. This syndrome is mainly encountered in adolescents, which links it closely to the hormonal changes specific to the age and the acute need of defining personality at this age. Unfortunately, the social networking sites organize contests for the most beautiful, most dangerous or most original selfies. This only encourages youngsters to develop the selfie syndrome and expose themselves to dangers. We can find in national and international news, many articles about deadly accidents during selfie photo sessions: electrocutions on train carts or high-voltage power lines, accidental falls from high buildings, car accidents, etc.

## **Patients knowledge on side effects of anti-psychotic medications: A quantitative study at ankaful psychiatric hospital, Ghana**

**Justice Dey-Seshie**  
MHWB Foundation, Ghana

**Introduction/Problem Statement:** Anti-psychotics are the backbone for treatment of the mentally ill, particularly patients presenting with psychotic. However, these medications are associated with a range of side effects so that, knowledge on any side effects is particularly important to patient in order to bridge the knowledge gap on side effects for patients living with mental health problems.

**Objective(s):** The purpose of this study is to assess on side effects of medications particularly anti-psychotics in underdeveloped nation(s) such as Ghana. The study assessed patient's knowledge on side effects of anti-psychotic medications.

**Methodology & Theoretical Orientation:** The study adopted a cross-sectional descriptive design using quantitative research approach and structured questionnaire to elicit information from 126 in-patients. A constructivist Learning framework was utilized to focus on how patients learn meaningfully from their lived experiences in the context in which it occurs.

**Findings/Results:** The findings from the study indicated that generally 65.1%, 8.7% and 96.8% respondents have knowledge about anti-psychotic medications through family members, media and health-workers respectively. It was also revealed that 98.4% respondents experienced side effects such as constipation, diarrhea, nausea, stomach aches or dry mouth due to of anti-psychotic medications while 1.6% did not experienced any side effects from the anti-psychotic medications. Adopted strategies such as reporting to the hospital was 86.5%, 81.0% of the respondent reported to family relatives as means of managing the side effects of anti-psychotic medications while 33.3% managed anti-psychotics side effects by taking prescribed medications. Finally, the study showed that, 96.8% patients needed adequate information on side effects while 86.5% needed information on the dosage of their anti-psychotic medications.

**Conclusion & Significance:** In view of the research findings, it is recommended that, timely and continuous education should be given to patients regarding anti-psychotic medications by health care providers particularly nurses, pharmacist, doctors etc. in the areas of great concern to the patients.