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A fuller picture: Evaluating an art therapy programme in a multi-disciplinary mental health service

H. Moss^{1,*}, C. Brady², B. Kelly³

¹ University of Limerick, Irish World Academy of Music and Dance, Limerick, Ireland

² Tallaght Hospital, Art Therapy, Dublin, Ireland

³ Trinity College Dublin, School of Medicine, Dublin, Ireland

* Corresponding author.

Art therapy has a long history in mental health care but requires an enhanced evidence based in order to better identify its precise role in contemporary services. This paper describes an evaluation of an art therapy programme in an acute adult psychiatry admission unit in Ireland. A mixed method research design was used. Quantitative data were collected through a survey of 35 staff members and 11 service-users. Qualitative data included free-text comments collected in the survey and individual feedback from service-users. Both methods aimed to assess the role of art therapy as part of a multidisciplinary mental health service. Thematic content analysis was employed to analyse qualitative data. Staff demonstrated overwhelming support for art therapy as one element within multidisciplinary services available to patients in the acute psychiatry setting, qualitative feedback associated art therapy with improvements in quality of life and individual support, and emphasised its role as a nonverbal intervention, especially useful for those who find talking therapy difficult. Creative self-expression is valued by staff and service-users as part of the recovery process. Recommendations arising from the research include continuing the art therapy service, expanding it to include rehabilitation patients, provision of information and education sessions to staff and further research to identify other potential long-term effects. The low response of staff and small sample in this study, however, must be noted as limitations to these findings.

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IECs, drug trials and regulators—the hounds barking up the wrong tree

R. Nagpal (M.D) (Psychiatrist)^{*}, V.G. Jhanwar (M.D) (Psychiatrist), A.K. Mital (M.D) (Psychiatrist), E.M.D. Warriar (M.D) (Psychiatrist)

New Delhi, India

* Corresponding author.

As India hurtles on into the 21st century with dizzying speed, the constantly evolving ethics, law and its interpretations fall behind. The cut and paste policy makers constantly impose regulations out of sync with the geopolitical realities. The Mental Health Care Bill now awaiting approval arose because we signed first on a global body convention and now are forced to comply. The family, a ubiquitous feature of our patient support system is slowly being derecognized. Instead, NGOs are the new approved caregivers. Our patriarchal society, earlier a repository of warmth and security is now jeered at. The mental health professional, the last mile delivery of mental health is in a quixotic position and some of the tantalizing issues of surreptitious drug administration, informed consent, the newer laws enacted or being enacted, narcoanalysis and drug trials will be discussed with pragmatic solutions offered to a disinterested regulator.

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Surreptitious drug administration: Collective decision making over riding personal autonomy

R. Nagpal (M.D) (Psychiatrist)^{1,*}, V.G. Jhanwar (M.D) (Psychiatrist)²

¹ New Delhi, India

² Varanasi, Uttar Pradesh, India

* Corresponding author.

A quaint problem indeed. This is an issue where ethical and practical management issues lock horns. An individual with no insight on a rampage, a threat to self and others cannot be given medicines without consent except in an indoor facility and admitted under a specific provision of the current statute. Contrary to the law, the mental health policy envisages community care of the individual. For a time defined interval, surreptitious medication can be administered providing much needed relief to the caregivers and calms the recipient. Surreptitious medication can of course be an instrument of control and hence would necessitate a system of checks and balances. Surreptitious medication tests legal and ethical boundaries. It offers relief to caregivers but can be an instrument of abuse. The act of administering a drug without the individual's consent is prima facie wrong but if the context is woven in, a whole new dimension arises.

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Microanalysis: The ethical minefield

R. Nagpal (M.D) (Psychiatrist)^{1,*}, A.K. Mital (M.D) (Psychiatrist)²

¹ New Delhi, India

² Mumbai, India

* Corresponding author.

Mental health professionals had always yearned for an intervention, which was restricted to them alone, was safe and had a commercial potential. Narco analysis or chemical hypnosis with or without the supervision of an anesthetist presented such an opportunity in India's largely poorly regulated medical practice. The turning point however was the unrestricted use of narco analysis for forensic reasons often against the will of the recipient that caught the attention of the judiciary. Professionals in candid confessions spoke of the tool replacing normal polite enquiries and unnecessary voyeuristic information being fettered out. Anecdotal evidence suggested police resorting to this tool without client consent or judicial permission. A series of flats after searching enquiry on the statute has led to complete disarray. The legal issues have relegated the ethical issues of consent, the usefulness of "forced" information, the aftermath of "forced" information to the backburner. Currently, the tool is regulated by the judiciary and selectively applied with consent. In the clinical setting, it is fast disappearing.

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Informed consent: Pitfalls in a patriarchal & poorly literate society

R. Nagpal (M.D) (Psychiatrist)^{1,*}, E.M.D. Warriar (M.D) (Psychiatrist)²

¹ New Delhi, India

² Kerala, India

* Corresponding author.