and also about their general psychopathology. The collection of data will be finished in December 2007.We are going to correlate the infractions with this factors and to publish the results and conclusions in March −April 2008.

Poster Session III: Mental Health Serious Caregiver

P0152

The satisfaction of clients to child and adolescents guidance clinic (A qualitative research)

A. Attari, H.A. Abedi, M. Amialroayai Yamini. *Behavioral Sciences Research Center, Ostandari St. Noor Medical Center, Isfahan, Iran*

Background and Aims: The customers' satisfaction of health services are priority in Health systems. The purpose of such services is to supply the realized needs of the customers.The Purpose of this study is to explore the original concepts of satisfaction, to determine guidance and final strategies for Child and Adolescent Guidance Clinic.

Method: This is a Qualitative study by triangulation method in three phases: First phase is phenomenology research; second phase is focus group; and third phase is Delphi technique. Clients, including children and their parents referred to Isfahan Child and Adolescent Guidance Clinic and its staff were study sample .

Results: The findings from interview with 24 participants and focus group discussion were recorded. Overall, 834 concept codes were worked out. Then, They were classified in 130 Concept structures. These concept structures were set in 30 groups according to Common characteristics in third level. Finally they were classified in 7 categories: a-factors related to different units of clinic, b- patient, c- factors related to drugs and treatment, d- clinic management, e- clinic, f- recovery, g- needs and recommendation. The suggested guidance from focus group and strategy for satisfaction in 18 items are presented.

Conclusion: It collected the 18 final strategies of satisfaction promotion for child and Adolescent Guidance Clinic . Some of these strategies, include: data collection committee, continuous non drugs treatment program, internal clinic protocol, Guidance clinics development, parent training classes, daily program arranging, team work attendance and patient rights regard .

P0153

The caregivers perspective: The dual diagnosis

R. Balzano [1], D. Sepio [1], M. Guidi [2], L. Martini [1], F. Motta [3], V. Puro [1], E. Girardi [1], N. Orchi [1]. [1] *INMI L. Spallanzani Dipartimento Di Epidemiologia E Ricerca Pre-Clinica, Rome, Italy* [2] *Universita Degli Studi Del Salento, Lecce, Italy* [3] *Caritas Diocesana, Rome, Italy*

Background and Aims: A growing body of scientific literature suggests that HIV seroprevalence among people with serious mental illness has increased substantially in recent years. In the Italian context, specialized services (mental health or infectious disease) more and more are requested for combined management of dual diagnosis. Consequently health care workers (HCW) have to face difficulties due to new situations of care. To fill these gaps, the core purpose of this study is to analyze HCW experiences from their own perspectives in order to understand their difficulties and create good practices in health care.

Methods: A qualitative study was conducted in public services Mental Health and HIV/AIDS workers, in Lazio region, Italy.

HCW were asked in anonymous way about their experiences. The interviews, consisting of one open_question, were audio taped and integrally transcribed and the texts were analysed through software T-Lab (cluster and correspondence analysis).

Results: 91 HCW were interviewed. We identified, trough cluster analysis, six cultural models about dual diagnosis: Disease as personal experience, Fear of contagion, Training as support to work, Service as integration function, Families as object of the intervention, Disease as scientific knowledge

Conclusions: In conclusion, this study examines for the first time the constructions of dual diagnosis in the Italian context through text and language of HCW. It reveal that we need further elaboration because of sociocultural meanings of dual diagnosis are not fixed but are ongoingly co-constructed by the various participants of health context.

P0154

Ambulatory mental health care centers: A story of improvement

M. Cauterman [1], S. Vergnaud [2], J. Gauillard [3], C. Boiteux [4], G. Burot [6], M. Lecuyer [7], A. Gouiffes [8], M. Tartar [5]. [1] *Pole Chantiers Pilotes, Mission Nationale D'Expertise Et D'Audit Hospitaliers, Paris, France* [2] *Service de Psychiatrie, AP-HP, Hotel-Dieu, Paris, France* [3] *Secteur 13, Hopital Sainte-Anne, Paris, France* [4] *Direction de la Qualite, Hopital Sainte-Anne, Paris, France* [5] *Centre Medico-Psychologique Lucien Bonnafe, EPSD de la Marne, Reims, France* [6] *Centre Medico-Psychologique Le Dean, Centre Hospitalier Etienne Gourmelen, Quimper, France* [7] *Centre Medico-Psychologique D'Annecy-Le-Vieux, Centre Hospitalier de la Region D'Annecy, Annecy, France* [8] *Centre D'Accueil Et de Soins Psychiatriques Saint-Exupery, Centre Hospitalier Du Rouvray, Le Rouvray, France*

Background and Aim: As demand is increasing, French Mental Health ambulatory settings (CMPs) face an increasing pressure and feel difficulties to achieve their missions (prevention, screening, diagnosis, care and rehabilitation). With the support of a national agency, 8 of them have conducted an 18 month quality improvement project, from April 2006.

Method: In order to have a better understanding of the problems, the first objective was to define what was concretely awaited from them. Based on a study of the literature, operational objectives have been set. Among which, the most notable are: To offer an appointment within 72 hours after the first contact; To offer to all patients leaving the in-patients department, a follow-up consultation within 7 days; To decrease the amount of non attendance…

That definition of objectives made it possible to set up a measurement, to analyse organisational patterns and to launch actions for improvement, such as empowering nurses to allow them to realize the first appointments, reorganizing team working and ''institutional times'', defining a strategy to contact non attendant patients…

Results: The use of routine measurement allowed us to evaluate the impact of the project. Actions launched allowed to obtain improvements quickly on some dimensions (for exemple, delay before