

Disclosure: No significant relationships.

Keywords: mental health; ICF; Intellectual Disabilities; Social Medicine

W0088

Why ICF? advantages of ICF in the clinical practice with regard to the medical care of people with mental health problems and intellectual disabilities

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Introduction: The International Classification of Functioning, Disability and Health (ICF) provides a framework rooted in patient-centered care and the biopsychosocial model that facilitates a comprehensive description of a person's health and their level of societal participation. The importance of the ICF for assessing the needs of individuals with mental health problems (MHP) and intellectual disabilities (ID) is growing, especially in the social medicine.

Objective: To describe the benefits and limitations of the ICF in clinical practice, pertaining to the assessment of healthcare needs and societal participation in persons with MHP and ID.

Method: Comprehensive literature search in medical databases using the Keywords: ICF, mental health, intellectual disabilities, social and occupational participation.

Results: ICF-based instruments such as the Mini-ICF-APP, with which impairments and competencies in social and occupational participation can be described, are playing an increasingly important role in healthcare and rehabilitation. In Germany, for example, in accordance with the Federal Participation Act, the entitlement to disability support benefits is assessed using ICF-based instruments, which therefore play a decisive role in social medical care.

Conclusion: The functional descriptions of the ICF provide the opportunity for a standardized, yet individualized assessment of medical needs, general health and societal participation, thus facilitating the provision of a comprehensive package of care and support for people with disabilities. ICF-Core Sets and the Mini-ICF-APP are effective tools to describe level of function. It would be clinically valuable to further develop these instruments for use in persons with ID and MHP in the field of social medicine.

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W0091

Introducing the ICF in the care of individuals with id under consideration of the situation of health care services in poland for individuals with id and mental health problems

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The introduction of the ICF scale in Poland started a few years ago. One of the institutions, which started trainings and implementation of the scale is the Polish Association for Persons with Intellectual

Disability (PSONI). The use of the ICF scale turned out to be very important because the diagnosis itself still tells us little about the life and personality of a person. The disorder itself does not determine functioning in society. The application of this scale helps to capture the dynamics between concepts such as health, human body functions, ability to participate in different activities, environmental factors and personality. It allows, for example, to clearly define whether the problems are caused by the health of a given person or by external limitations, even of an architectural nature. It is expected to implement ICF in different centers run by the Association like e.g. Vocational Activity Centers or the Center for Vocational Counseling and Support for People with Intellectual Disabilities (DZWONI). The scale is also being implemented in Health Care Services for Individuals with ID and Mental Health Problems in Poland because it remains an integrative model and not only medical and social one.

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Mental Health Care

Workshop: Advancing community-based mental health care in europe: Early findings and lessons learned from the recover-E project

W0092

Changing the system of psychiatric care in bulgaria. Recover-E project in bulgaria

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Introduction: Bulgaria has undergone a number of very significant political and social changes over the past 150 years that has also impacted on the delivery of mental health care. There has been a 40% reduction in the number of inpatient psychiatric beds in Bulgaria within the past 20 years leading to the current state of approximately European average bed numbers per 100 000 population. This does not appear to have been accompanied by an increased investment in ambulatory / outpatient mental health services.

Objectives: Description of the advantages and disadvantages of mental health services in Bulgaria, available staff and distribution in the country. The project RECOVER-E and its activities in Bulgaria are described.

Methods: Sources of health statistics of Bulgaria are used and analyzed. Maps and tables were used for visualization.

Results: Taking into account the situation described in this way and the EPA guidelines for change in the system, a mental health strategy has been proposed.

Conclusions: It has a long and significant legacy of underfunding of mental health services, which has undoubtedly caused significant economic damage to Bulgaria through surmountable results increasing health and social care costs, and surmountable loss of economic productivity. A significant increase in the budget allocated to mental health and related social care services.

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