e-Poster viewing: Mental health policies

EV0658
Task-shifting in mental health services: Extent, impact and challenges in Ghana
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Aim To examine the role and scope of practice of community mental health workers (CMHWs) as well as the impact and challenges associated with the work of CMHWs within Ghana’s mental health delivery system.
Methods A cross-sectional survey of 11 psychiatrists, 29 health policy directors and 164 CMHWs as well as key informant interviews with 3 CMHWs, 5 psychiatrists and 2 health policy directors and three focus group discussions with 21 CMHWs. Results of quantitative data were analysed with SPSS version 20 whilst the results from qualitative data were analysed manually through thematic analysis.
Results In addition to duties prescribed in their job descriptions, all the CMHWs identified several jobs that they routinely perform including jobs reserved for higher level cadres such as medication prescribing for which most of the CMHWs have no training. Some CMHWs reported they had considered leaving the mental health profession because of the stigma, risk, lack of opportunities for continuing professional development and career progression as well as poor remuneration. Almost all the stakeholders believed CMHWs in Ghana receive adequate training for the role they are expected to play although many identify some gaps in the training of these mental health workers for the expanded roles they actually play. All the stakeholders expressed concerns about the quality of the care provided by CMHWs.
Conclusion The study highlights several important issues, which facilitate or hinder effective task-shifting arrangements from psychiatrists to CMHWs and impact on the quality of care provided by the latter.
Disclosure of interest The authors have not supplied his/her declaration of competing interest.
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EV0659
Could promoting happiness mental health policy prevention against suicide?
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What do we know about happiness? What is the essence of happiness? What are the causes of happiness? Is there a difference between individual happiness and collective happiness? Can we measure happiness? Let us see if there is a correlation between suicide and happiness?
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EV0660
Fit note use in UK clinical practice 2010–2016: A systematic review of quantitative research
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Background The fit note, introduced in England, Wales and Scotland in 2010, was designed to radically change the sickness certification process from advising on individuals’ inability to work to work they could do if adjustments were made available. Our review aimed to: (1) the percentage of fit notes utilizing the new “may be fit for work” option or advising on work adjustments, (2) the impact of the fit note on sickness absence and return to work, (3) demographic variation in fit note use.
Methods We systematically searched in Embase, Cochrane CENTRAL, PubMed, Worldcat, Ovid and PsycInfo from 1 Jan 2010–30 Nov 2016 for studies on working aged adults which included the search terms “fit note” or “fitnote”. Relevant abstracts were extracted and we assessed the quality of the papers and assessed bias using the modified Newcastle Ottawa Scale.
Results Nine papers met the inclusion criteria, four of which were based on the same cohort. Maybe fit notes made up just 6.6% of all fit notes. Work adjustments were most often recommended for patients who were less deprived, female and patients with physical health problems. Fit note advice for patients with physical health problems increased over time, but the opposite was seen for patients with mental health problems.
Conclusions Further research needed to evaluate the use, impact and potential of the fit note, especially for patients with mental illness.
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EV0661
The impact of change in the 2007 English law on mental health act detentions
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Background The Mental Health Act (MHA) 2007 made some significant changes from the Mental Health Act 1983, including the fact that detention is now only allowed if an appropriate medical treatment is available to the patient at the time [1]. There was considerable concern at the time that the 2007 Act would lead to an increase in detentions.
Objective The primary objective is to assess how the change in the English law with the MHA 2007 has affected the number of detentions under the MHA.
Methods A retrospective, observational and noninterventional study used anonymised and routinely collected data regarding 11,509 people who were formally assessed under the Mental Health Act during the period of 2001–2011 in the county of Norfolk. This included 7885 assessments before the 2007 MHA and 3620 done after implementation.
Results The proportion of people detained following assessment decreased from 53.2% before the 2007 MHA to 42.9% after imple-
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Introduction In Italy, considerable variations exist in the organisation of out- and in-patient mental health care. One main issue is whether to prioritise specialisation (distinct clinicians for inpatient and outpatient care) or personal continuity of care (same primary clinician for a given patient within the two settings).

Aims To study the use of psychiatric in-patient units in the Veneto region (Italy) and to evaluate differences between personal continuity of care and specialization systems.

Methods Study conducted in the context of the COFI, multisite naturalistic EU-funded research aiming to compare the two care approaches in 5 European countries. In Italy, baseline data collection was carried out in 14 in-patient units. Data on hospitalisation, diagnosis, severity of the illness (Clinical Global Impression Scale-CGI) and patients’ appraisal of inpatient care (Client Assessment of Treatment Scale- CAT) were collected.

Results Overall, 1118 patients were assessed. Most frequent diagnostic categories were mood (41.6%) and psychotic (38.3%) disorders, while anxiety disorders were less represented (11.9%). The majority of patients were at least at their second admission (69.4%) and had been voluntary admitted (91.5%). Length of stay and CGI scores were significantly higher for patients with mood and psychotic disorders. No difference in CGI score between the two systems was found. Patients in the continuity of care systems reported higher level of satisfaction with initial treatment and longer hospital stay (P < .001).

Conclusions These preliminary findings suggest higher service satisfaction for personal continuity system, possibly reflecting a more individualised and comprehensive focus on the patient’s needs, rather than on symptoms reduction only.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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