

## 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 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 author has 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 what they could do if adjustments were made available. Our review aimed to evaluate: (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, Pub Med, Worldcat, Ovid and PsychInfo 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 noninterventive 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-

mentation ( $P=.000$ ). The total proportion of patients admitted (whether informally or detained) also decreased from 63.3% before the 2007 MHA to 52.8% thereafter ( $P=.000$ ).

**Conclusion** These results show a significant decrease in the rate of detentions under the MHA since the 2007 Act became law.

**Keywords** Assessment; Detention; England; Admission; Mental Health Act

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

**Reference**

- [1] The National Archives. Mental Health Act 2007: explanatory notes; 2007 [Available from: <http://www.legislation.gov.uk/ukpga/2007/12/pdfs/ukpgaen.20070012.en.pdf>, Online, accessed 14th December 2016].

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## EV0662

### Admission to in-patient psychiatric care in the Veneto region (Italy), specialisation vs. personal continuity of care approach. Preliminary findings from the COFI study-Italian sites

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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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## EV0663

### Symposium: Mental health law differences and coercive measures over four countries

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In 2008, the UNHCR issued a convention on the rights of persons with disability. Since then, many countries were visited by the High Commissioner for Human Rights. In a number of countries, for example Germany and the Netherlands, mental health legislation was considered unsatisfactory and either regional variations in procedures or new legislation was drafted. In Germany, the final decision after different admission procedures is always made by a judge. In the Netherlands, detention on mental health ground with involuntary admission is decided by a Governmental administrator working for the local Major. In England and Wales, it is decided by three medical/psychiatric professionals. Currently, the Netherlands is drafting a law following the main principles of the Anglo-Saxon law. In Germany, all federal states are currently adopting their mental health laws to fulfil requirements of the Constitutional Court, which decided that coercive treatment is only admissible under very strict conditions after a judge's decision. Studies show the Dutch legislation is associated with higher seclusion rates, in numbers, and duration. Moreover, recent German findings show in a recent period when involuntary medication was not admissible, inpatient violence and coercive measures increased significantly. In this symposium, we discuss the several laws and regulations of four countries (Wales, Ireland, Germany, Netherlands), now and in the near future. Each presentation of a certain countries' regulations is followed by a description of standard figures of the country, first by an expert in the respective country's law, and consequently by an expert in nationwide or regional figures.

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## EV0664

### Stigma as an obstacle to paradigm change in mental health care in Lithuania

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The paper is based on the data gathered during implementation of the "Project paradigm change of mental health and Well-being in Lithuania: towards empirically valid model". This project is aimed to contribute to the paradigmatic change by scientific research and evaluation of efficacy of pharmaceutical and psychotherapeutic treatment to psychological and social functioning and to estimate economic burden of treatment and mental diseases. Aim of the research is to analyse stigma as an obstacle for transition from biomedical to bio-psycho-social paradigm. Objectives