

Conclusions Results suggest that domiciliary care may reduce costs associated with mental health care due to a decrease in admission rates. Our sample was paired to a similar group, which can account for the similar length of stay in both groups. Further studies should take into account other confounding variables.

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EW330

Partial psychiatric hospitalization and differences in clinical outcome

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Introduction Intensive treatment in partial hospitalization unit may represent an efficient alternative to traditional inpatient hospitalization. However, there is evidence suggesting that this clinical resource may not be equally effective for every psychiatric disorder. **Objectives** We aimed to study possible differences in the effectiveness of treatment in a partial hospitalization regime for different psychiatric disorders.

Methods Three hundred and thirty-one patients were admitted to the Valdecilla acute psychiatric day hospital between January 2013 and January 2015. Clinical severity was assessed using BPRS-E and HoNOS scales at admission and discharge. Other relevant clinical and socio-demographic variables were recorded. For statistical comparisons, patients were clustered into 4 wide diagnostic groups (non-affective psychosis; bipolar disorder; depressive disorder; personality disorder).

Results We observed a significant difference in the status of discharge ($\chi^2 = 12.227$; $P = 0.007$). Thus, depressive patients were more frequently discharged because of clinical improvement, while patients with a main diagnosis of personality disorder abandoned the treatment more frequently (23% vs. 4.0%).

When analysing the clinical outcome at discharge, we found that patients with a diagnosis of bipolar disorder showed greater improvement in BPRS ($F = 5.305$; $P = 0.001$) than those diagnosed of psychosis or depressive disorder. Interestingly, we found no significant differences between diagnoses in hospital re-admission in the following 6 months after being discharged.

Conclusions Our results suggest that acute treatment in partial hospitalization regime may be more effective for bipolar and depressive disorder, and particularly less effective for those patients with a personality disorder.

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Mental health policies

EW331

Task-shifting within health care systems – a general review of the literature and implications for mental healthcare

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Background There have been a growing interest in the effectiveness of task-shifting as a strategy for targeting expanding health care demands in settings with shortages of qualified health personnel.

Aims To explore the reasons for task-shifting and the healthcare settings in which task-shifting are successfully applied as well as the challenges associated with task shifting.

Methods Literature searches were conducted on PubMed and Google Scholar using the search term – ‘Task shifting’ and ‘Task-shifting’.

Results Reasons for task-shifting including: a reduction in the time needed to scale up the health workforce, improving the skill mix of teams, lowering the costs for training and remuneration, supporting the retention of existing cadres by reducing burnout from inefficient care processes and mitigating a health system’s dependence on highly skilled individuals for specific services. Clinical settings in which task-shifting models of care have been successfully implemented, include: HIV/AIDS care, epilepsy and tuberculosis care, hypertension and diabetes care and mental healthcare. Finally, challenges which hinder the successful implementation of task-shifting models of care, include professional and institutional resistance, concern about the quality of care provided by lower level health cadres and lack of regulatory and policy frameworks as well as funding to support task-shifting programmes.

Conclusion The review brings to light important health policy and research priorities which can be explored to identify the feasibility of using task-shifting models of care to address the critical shortage of health personnel in managing emerging communicable and non-communicable diseases, including opportunities for expanding mental health care in conflict and under-resourced regions globally.

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Overview of psychiatry in Poland, 2000–2015

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At the beginning of the 21st century, psychiatry in Poland was functioning in the model based mostly on the network of large institutions localised outside of the main city centres. Due to Poland’s accession to the European Union, it was necessary to change the mental health care system. This need was legally sanctioned when the Law on Protection of Mental Health was passed in 1994. The solutions were included in the National Programme on Mental Health Care (NPOZP). NPOZP comprised the guidelines on the mental health care system shift to community-based health services, including a roadmap for its implementation in 2011–2015. According to the evaluation of the NPOZP, including the infor-

mation gathered by the Ministry of Health, the programme was implemented to a small extent. The number of large psychiatric institutions and the number of in-patient beds were reduced, the numbers of day wards as well as psychiatric wards in the multi-disciplinary hospitals were increased. The training of the staff for the new system began. A serious challenge for the continuation of the reforms being carried out is the provision of the sufficient number of mental health professionals, particularly in the face of economic migration. A short duration of the proposed NPOZP implementation period did not allow for a full application of the new mental health care solutions, however the awareness that its implementation may be at risk led to a public and media discourse which definitely will have an impact on the improvement of the execution of the programme.

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Migration and Mental health of Immigrants

EW335

Gender and immigrant status differences in the treatment of substance use disorders among US Latinos

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US Latinos have higher rates of substance use disorders (SUDs) than Latinas, but Latinas face substantial barriers to treatment and tend to enter care with higher SUD severity. Immigrant Latinas may face greater barriers to care than native-born despite lower overall SUD prevalence. This study aimed to identify how SUD treatment needs of Latinos are addressed depending on patient gender and immigrant status within an urban healthcare system serving a diverse population.

Methods Data from electronic health records of adult Latino/a primary care patients ($n = 29,887$ person-years) were used to identify rates of SUD treatment in primary and specialty care. Treatment characteristics and receipt of adequate care were compared by gender and immigrant status.

Results Tobacco was the most frequently treated substance followed by alcohol and other drugs. Forty-six percent of SUD patients had a comorbid psychiatric condition. Treatment rates ranged from 2.52% (female non-immigrants) to 8.38% (male immigrants). Women had lower treatment rates than men, but male and female immigrants had significantly higher treatment rates than their non-immigrant counterparts. Receipt of minimally adequate outpatient care varied significantly by gender and immigrant status (female non-immigrants 12.5%, immigrants 28.57%; male non-immigrants 13.46%, immigrants 17.09%) in unadjusted and adjusted analyses.

Discussion Results indicate overall low prevalence of SUD treatment in the healthcare system. Low rates of minimally adequate care evidence the challenge of delivering integrated behavioral

healthcare for Latinos with SUD. Results also demonstrate gender and immigrant status disparities in an unexpected direction, with immigrant women receiving the highest rates of adequate care.

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EW338

Psychiatric evaluation Ezidi Iraqi refugee children who settle in refugee camp in Turkey

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Objective We aimed to review the distribution of diagnoses in children and adolescents evaluated by a child psychiatrist, in refugee camps in Diyarbakır, Cizre and Silopi province of Turkey.

Methods Sociodemographic data, psychiatric complaints and distribution of psychiatric diagnoses of 38 children and adolescents living in refugee camps in Diyarbakır, Cizre and Silopi were evaluated. Psychiatric diagnoses were made according to DSM-5 criteria but some diagnoses as conversion disorder were also mentioned even though they were not included in DSM-5.

Results The sample consisted of 22 female and 16 male children and adolescents. The mean age was 12.1 ± 4.5 and the range was 2–18 years. The mean duration of residency in the camp was 23.2 ± 3.9 days. The most common symptom was sleep problems. The most frequently seen psychiatric disorder was depressive disorder (36.8%) and at least two comorbidities were detected in 50% of children and adolescents. This diagnosis was followed by conversion disorder (28.9%), adjustment disorder (21.8%), acute stress disorder (18.4%), enuresis nocturna (18.4%), post-traumatic stress disorder (10.5%), separation anxiety disorder (10.5%), somatization disorder (7.8%), selective mutism (2.5%) and night terror (2.5%) respectively.

Conclusion The study revealed that in refugee children and adolescents, starting from the early days of the migration period, various psychiatric symptoms and disorders might be seen. Therefore, it is essential to integrate psychosocial support units into the aid and support programs for refugees and quite important to observe and treat children in terms of psychiatric disorders, starting from the early days of the migration period.

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EW340

Clinical features of neurotic disorders in internally displaced persons

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Introduction According to the Guiding Principles on Internal Displacement, internally displaced persons are persons who have been forced or obliged to leave their homes, in particular as a result of extreme situations, and who have not crossed an state border. As of May 21, 2015 UNHCR has information about 1,299,800 IDPs.

Aim To study clinical features of neurotic disorders in IDPs.