

coefficient  $\alpha$  was 0.93. The intraclass correlation coefficient of total MABQ score was 0.45. The *t*-test showed that there were no statistically significant differences between the mean values of the measurement scale at two different times (84.5 vs. 90.5;  $P=0.04$ ).

**Conclusion** Interventions to improve antipsychotic adherence would benefit from further research. However, it is important always to bear in mind that none of these strategies can be a substitute a positive therapeutic alliance. The Portuguese version of DIAS will provide professionals with a new tool to evaluate the frequency how strategies are implemented and the impact of each strategy in treatment adherence.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1750>

## EV768

### Decisional trust and regret mediate the HRQL in work-related hand injury patients

H.H. Liao<sup>1</sup>, S.L. Cheng<sup>2</sup>, C.C. Chang<sup>3,\*</sup>, C.H. Lin<sup>4</sup>, F.C. Liu<sup>5</sup>, C.S. Cheng<sup>5</sup>

<sup>1</sup> Chung Shan Medical University Hospital, Department of Surgery, Taichung, Taiwan

<sup>2</sup> Chung Shan Medical University Hospital, Department of Orthopedic Surgery, Taichung, Taiwan

<sup>3</sup> Chung Shan Medical University & Chung Shan Medical University Hospital, School of Medical Informatics & IT Office, Taichung, Taiwan

<sup>4</sup> Chung Shan Medical University, School of Medical Informatics, Taichung, Taiwan

<sup>5</sup> Jen-Ai Hospital, Department of Pediatrics, Taichung, Taiwan

\* Corresponding author.

**Background** Despite mounting evidence that non-injury-related factors have an important role in recovery from injury; specific variables associated with surgery outcomes are poorly understood. This lack of knowledge complicates efforts to improve the care of work-related hand injury (WRHI) patients. However, substantial research and investigation have still not clarified these underlying relationships, which merit further attention.

**Objective** The purpose of this study was to evaluate the Health-Related Quality of Life (HRQL) outcome for WRHI patients after the impact of event and to investigate the moderated mediation analysis associated with their decision trust and regret.

**Methods** A cross sectional study design was used to investigate the impact of event and the associated HRQL in 53 WRHI patients following severe and major hand injury. All consenting patients completed the Impact of Event Scale Revised, the Symptom Checklist-90-Revised, Decisional Trust scale, Decisional Regret scale and Short Form-36.

**Anticipated achievement** In the result of mediation analysis, patients affected HRQL via decisional trust and decisional regret, respectively. In addition, our data suggest that certain decisional trust and decisional regret (partial) characteristics significantly moderate this association. These findings may aid in the development of clinical interventions to enhance HRQL for WRHI patients. Overall, it is important for clinicians to consider the notion that more decisional trust or less decisional regret may sometimes, but not always, be better.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1753>

## EV770

### An empirical study of the working conditions in the drug prevention centers of Attika, Greece: New prospects and possibilities in an era of uncertainty

I. Dritsas\*, M. Theodoratou, T. Margaritis, S. Christodoulidis, O. Valsami

*Tei of Western Greece, Social Work, Patras, Greece*

\* Corresponding author.

**Introduction** Studies have documented that drug prevention centers in Greece have been through an era of turmoil and uncertainty (EKTEPN, 2015, Tsounis, 2012, Kiritsi and Tsiotra, 2004) underlining the staff's hard work all over Greece.

**Purpose** The aim of this study was to investigate the effects of the current fiscal crisis on the operating conditions as described by the staff of the Attica substance prevention centers with the emphasis on main problem areas and solutions.

**Material** Statistically reliable questionnaires were used by the research team investigating participants views on the aforementioned areas of enquiry.

**Method** Two Questionnaires were administered to 59 psychologists and social workers working at the centers of Attica, Greece during the summer of 2015.

**Results** The majority (85%) of those working at the centers mentioned the main problems as following:

- issues concerning the institutional role of the centers, the education and supervision of the staff;
- fiscal issues as a result of the economic austerity, which undermine the operation of the centers and the morale of the staff.

**Conclusions** Our empirical study is actually the first one which delves into the inner workings of the drug prevention centers in Attica, Greece:

- the extent the phenomenon of drug dependence in Greece, examining the epidemiology and the influence of the financial crisis, as well as the strategies and action plans developed in a national and EU level;
- the most significant innovative and standard European and Greek prevention programs.

Finally, research methodological issues are discussed in the light of the main findings of the empirical research.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1755>

## EV771

### Mobility in psychiatry: A personal experience in Swiss addictology

C. Feteanu

*Centre hospitalo-universitaire Vaudois CHUV, service de psychiatrie communautaire, Centre Saint-Martin, Lausanne, Switzerland*

**Introduction** Switzerland is a very attractive country for workforce brain drain in the field of psychiatry, with work, academic and financial conditions identified as pull factors; resulting in long-term migration and high level of satisfaction [1].

**Objectives** To enlight the phenomenon by reporting a personal experience of migration from France to Switzerland for work reasons as a psychiatrist.

**Aims** To describe the main characteristics of the Swiss Mental Health Care in the Canton of Vaud focused on ambulatory cares in addictology.

**Methods** Self-report description from the Centre Saint-Martin for drug addictions of the Community Psychiatry Department in Vaudois Teaching Hospital (CHUV) of Lausanne.

**Results** The Centre Saint-Martin is an ambulatory center providing cares, support, treatment and harm reduction for adult drug

addictions within a multidisciplinary team. The striking point of this model is the intense support made towards the community (general practitioners, somatic and psychiatric cares) in order to maintain and develop addiction cares in the general health system. The case management model, still rare in France, is being implemented in the center resources management. Detailed descriptions are proposed.

Lack of psychiatrists in the French speaking Canton of Vaud makes it very attractive for European specialists. Work and academic facilities, including psychotherapy training are accessible to foreign psychiatrists.

**Conclusions** Work migration is a unique way to experience different practices in psychiatry within Europe. Living and working conditions in Switzerland make it a country particularly attractive.

**Disclosure of interest** The author has not supplied his/her declaration of competing interest.

#### Reference

- [1] Pinto da Costa M. EFPT International Brain Drain Study. *IJCNMH* 2015;2(Suppl. 1):L9.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1756>

#### EV774

### Review of outcome domains in European Mental Healthcare

I. Großimlinghaus

*LVR-Institute for Mental Healthcare Research, Department of Psychiatry and Psychotherapy, Düsseldorf, Germany*

**Introduction** Quality in mental healthcare is a complex, multifaceted construct. It can be categorized into structures, processes and outcomes. In the past decade, there have been many initiatives on the assurance and improvement of process quality through the development, evaluation and implementation of process indicators for several important process domains including, for example, continuity and coordination of care. Moreover, outcome measurement, focusing on the extent to which intended outcomes of mental health service provision are achieved, is receiving growing interest and should be pursued through a systematic approach.

**Objectives** Systematic compilation of outcome domains in mental healthcare.

**Aims** Identification of the full range of outcome domains in mental healthcare.

**Methods** Systematic literature review on outcome domains in mental healthcare.

**Results** A whole range of outcome domains can be identified and categorized onto a continuum ranging from 'traditional', objective outcome domains, such as mortality and symptomatology, to more subjective outcome domains, such as quality of life and well-being. Moreover, outcome measures in different outcome domains can be assessed taking different perspectives into account, including either the provider or the patient.

**Conclusions** In order to develop and implement systematic outcome measurement in mental healthcare, a first step is the identification and systematization of outcome domains in mental healthcare. This will provide a basis for identifying important outcome domains from the perspectives of both, patients and professionals. In a next step, appropriate and important outcome measures can be identified.

**Disclosure of interest** The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1759>

#### EV775

### Collaborative space using the andalusian integrated care process of anxiety, depression and somatization

M. Guerrero Jiménez<sup>1,\*</sup>, J.A. Rodrigo Manzano<sup>2</sup>, C.M. Carrillo de Albornoz Calahorra<sup>2</sup>, B.M. Girela Serrano<sup>2</sup>

<sup>1</sup> *University Hospital San Cecilio, Psychiatry, Granada, Spain*

<sup>2</sup> *Santa Ana Hospital, Mental Health, Motril, Spain*

\* *Corresponding author.*

**Introduction/objectives** The Integrated Care Process of Anxiety, Depression and Somatization (ICP-ADS) lays out the cooperation between primary care (PC) and mental health (MH) as basic premises. Showing this model improves patient detection, inadequate patient referrals, adherence and response to medical treatment.

**Aims** The Therapeutic Program (TP) established in PC includes low intensity psychological and psychosocial interventions, pharmacological treatment, and use of collaborative space with MH combining consultations, case tracking and educational activities. Our rotation as MH residents in the Community Mental Health Unit (CMHU) has focused on this framework, encouraging the use of a collaborative space.

**Methods** Three training sessions were used to deal with the process as a whole. PC professionals were given self-help handbooks for low intensity interventions and clinical practice handbooks for psychopharmacological treatment. The referral space was established afterwards, where we took part in the TP founded by the PC doctor. In case the demand would continue, we opened consultation one day a week for co-therapy. With brief interventions of 3–4 sessions we continued the work with self-help guides, which also optimized psychopharmacotherapy.

**Results** Referrals were sufficient in many cases. Sixteen procedures were completed in co-therapy, half of which required referrals to encourage adherence. Only a referral to MH had to be done. Three months later, a follow-up showed that no patient in co-therapy had to be referred to specialized care.

**Conclusions** The amount of referrals was reduced in comparison to previous months, adherence to interventions of low intensity was improved and was useful in both detection and prevention of new cases.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1760>

#### EV777

### Fifteen-month follow-up of an assertive community treatment program for chronic patients with mental illness

J.H. Jeong<sup>1,\*</sup>, K.H. Lee<sup>2</sup>, D.I. Jon<sup>3</sup>

<sup>1</sup> *St. Vincent's Hospital The Catholic University of Korea, Psychiatry, Suwon, Republic of Korea*

<sup>2</sup> *College of Medicine, Dongguk University, Psychiatry, Gyeongju, Republic of Korea*

<sup>3</sup> *Sacred Heart Hospital, College of Medicine- Hallym University, Psychiatry, Anyang, Republic of Korea*

\* *Corresponding author.*

**Objective** This study was to evaluate the effect of an assertive community treatment (ACT) program on psychiatric symptoms, global functioning, life satisfaction, and recovery-promoting relationships among individuals with mental illness.

**Methods** Thirty-two patients were part of the ACT program and 32 patients matched for age, sex, and mental illness were in a standard case-management program and served as a control group. Follow-up with patients occurred every 3 months during the 15 months after a baseline interview. Participants completed the Brief