addictions within a multidisciplinary team. The striking point of this model is the intense support made towards the community (general practionners, 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.
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EV774

Review of outcome domains in European Mental Healthcare

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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 extend 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.
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EV775

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

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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.

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EV777

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

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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

Psychiatric Rating Scale (BPRS), Global Assessment of Functioning (GAF) Scale, Life Satisfaction Scale, and Recovery-Promoting Relationship Scale (RPRS).

Results According to the BPRS, the ACT group showed a significant reduction in symptom severity, but the ACT program was not significantly more effective at reducing psychiatric symptoms from baseline to the 15-month follow-up compared to the case-management approach. The ACT group showed more significant improvement than the control group in terms of the GAF Scale. Both groups showed no significant differences in the change of life satisfaction and in the change of recovery-promoting relationships. We observed a significant increase in recovery-promoting relationships in the control group, but the group × time interactions between groups were not statistically significant.

Conclusions In this study, we observed that ACT was significantly better at improving the GAF than case management. However, ACT did not demonstrate an absolute superiority over the standard case-management approach in terms of the BPRS and the measures of life satisfaction and recovery-promoting relationships. ACT, however, may have some advantages over a standard-case management approach.

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EV778

Can physician incentives improve continuity of care for patients receiving depression treatment in the primary care setting?

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Introduction In 2008, the province of British Columbia, Canada introduced financial incentives to encourage general practitioners (GPs) to assume the role of major source of care for patients seeking mental health treatment in primary care. If successful, this intervention could strengthen GP–patient attachment and consequently improve continuity of care. The impact of this intervention, however, has never been investigated.

Aim To estimate the population level impact of physician incentives on continuity of care (COC).

Method This retrospective study examined linked health administrative data from physician claims, hospital separations, vital statistics, and insurance plan registries. Monthly cohorts of individuals with depression were identified and their GP visits tracked for 12 months, following receipt of initial diagnosis. COC indices were created, one for any visits (AV) and another for mental health visits (MHV) only. COC (range: 0–100) was calculated using published formula that accounts for the number of visits and number of GPs visited. Interrupted time series analysis was used to estimate the changes in COC before (01/2005–12/2007) and after (01/2008–12/2012) the introduction of physician incentives.

Results The monthly number of people diagnosed with depression ranged from 7497 to 10,575; yearly rates remained stable throughout the study period. At the start of the study period, mean COC for AV and MHV were 75.6 and 82.2 respectively, with slopes of −0.11 and −0.06. Post-intervention, the downward trend was disrupted but did not reverse.

Conclusions Physician incentives failed to enhance COC. However, results suggest that COC could have been worse without the incentives.

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

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EV779

An innovative day centre in Athens with expertise in children neglect and abuse. A unique therapeutic intervention through the fog of economic crisis

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The Day Centre "THE HOUSE OF THE CHILD" is a unique in Greece community unit providing customized clinical mental health services for therapeutic treatment and psychosocial rehabilitation of children and adolescents victims of abuse, neglect or domestic violence, as well as children or adolescents involved in cases of bullying. The Day Centre was founded by the non-profit voluntary organisation "THE SMILE OF THE CHILD". The Day Centre's services are addressed to children and adolescents up to age of 18 who live either in residential care or in the community having a documented history of exposure to violence of any kind. Services are free of charge and are expanded to the following areas:

– early intervention-evaluation-counselling;
– diagnosis and treatment of the full range of child psychiatry disorders and issues of clinical attention;
– diagnosis and treatment of specific learning deficits and provision of speech therapy, occupational therapy and special education support when needed;
– counselling for parents and carers of victimized children and adolescents;
– registering and statistical analysis of psychosocial rehabilitation needs arising from the child abuse incidents.

More general activities for raising awareness and sensitivization of the wider community in order to prevent all forms of child abuse and victimization.

The Day Centre's personnel comprises from a psychiatrist–scientific coordinator, three child psychiatrists, three clinical psychologists, a special educator, a speech therapist, a social worker, an occupational therapist and two administrators. This interdisciplinary therapeutic team undertakes a comprehensive diagnostic evaluation and therapeutic intervention scheme to address the complex disorders and wider psychosocial needs of children – victims.

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EV780

Doing more than ACT: The Dutch FACT model, flexible assertive community treatment

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Background/objectives Assertive community treatment (ACT) has become the standard for integrated care for people with severe mental illnesses. Limitations of ACT are the lack of flexibility, the limited feasibility in rural areas, the limited population and the time-unlimited nature. These limitations can be overcome by flex-