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

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

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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-