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The effect of the reductions in social interactions due to the economic crisis on the subjective well-being of non-insurance health care seekers in Greece

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Background Social interactions have an important effect on the subjective well-being of individuals. However, in periods of financial crisis these interactions are reduced, affecting thus the mental health of the individuals as well.
Aim To investigate the effect of the reduction in social interactions, as a result of the economic crisis, on the subjective well-being of non-insurance health care seekers in Greece.
Method Two hundred and sixty-six individuals participated in this study, 90 (35.6%) males and 163 (64.4%) females, with a mean age of 47. Analysis of data was conducted with Anova, using the SPSS software.
Results The findings showed that reductions in social interactions, caused by the financial crisis, led to significant reductions in the subjective well-being of individuals as well ($F(1.259) = 13.276$, $P < 0.001$ for social activities and $F(1,258) = 14.531$, $P < 0.001$ for peer socialization). More specifically, individuals whose social interactions were greatly affected by the financial crisis reported significantly lower subjective well-being than individuals who reported a medium effect ($M = -2.952$, $SD = .764$, $P < 0.001$). Furthermore, individuals who reported that the economic crisis had a great effect on their peer socialization reported significantly lower subjective well-being compared to both those who reported a medium ($M = -1.868$, $SD = .658$, $P < 0.015$) or low ($M = -2.77$, $SD = .809$, $P < 0.001$) effect of the crisis.
Conclusion The results of this research showed that the financial crisis reduced the well-being of affected individuals through reductions in their social interactions. Further research is needed to investigate appropriate interventions to reduce the negative impact that the financial crisis has on the well-being of affected individuals.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Factors affecting restraint practices in psychiatric inpatient units: A sample from a mental health hospital in Turkey

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Introduction New guidelines aimed to minimize restraint in psychiatry clinics due to ethical reasons.
Objectives Further studies investigating factors affecting the decision of restraint and its potential benefits and harms are needed.
Aims We aimed to determine current rates of restraint in psychiatric clinics and sociodemographic/clinical variables which may be related with restraint practices.
Methods The study was conducted in 64-bed male and 28-bed female psychiatric inpatient units, between March 1–May 31 2015. Sociodemographic and clinical data forms were completed using case files and restraint records.
Results In a total number of 481 inpatients (351 males, 130 females), number of restrained patients was 98 (20.3%) (90 (25.7%) males, 8 (6.2%) females). There was no significant difference in sociodemographic characteristics between restrained and unrestrained patients, but duration of the illness and electroconvulsive therapy rates were significantly different. Substance abuse (44.4%) was higher in restrained male patients. Also, restraint rates were higher in patients having a diagnosis of substance-related disorder compared to other diagnoses. Restraints occurred most commonly in the first day (48%) of hospitalization.
Conclusions The studies carried out in psychiatric hospitals suggested major differences in the rates and types of restraints among different countries and institutions. In our study, a higher restraint rate is obtained compared to other studies. Consistently with the literature, substance abuse was higher in restrained patients, and restraints occurred most commonly in the first day of hospitalization. Many factors including substance abuse should be considered to reduce restraint rates, which are still quite high in mental health hospitals in Turkey.
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Domiciliary care service in psychiatry – Impact on hospital admissions and follow up in patients with bipolar and schizophrenia disorders

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Introduction Several community psychiatry projects have been developed in Lisbon; nevertheless, there are patients whose needs are not fulfilled by the existing structures. For this reason, our institution created a domiciliary care unit (PreTrarCa).
Objectives To assess if this program has an impact in admission rates, length of stay and follow-up appointments.
Aims To improve the quality of care provided by PreTrarCA.
Methods All active patients followed by PreTrarCA in 2015 were selected ($n = 90$); only those with F20 and F31 (ICD-10) diagnoses, admitted to the program after 2013, and who had information regarding duration of illness were chosen ($n = 21$). A control group with similar characteristics (age, gender, ICD-10 diagnosis, disease duration) was paired to our sample. Information concerning social/demographic data, disease duration, hospital admissions and appointments, before and after the patients started the program was retrospectively collected. All data and statistical analyses were performed via SPSS program.
Results Our patients were mostly female ($n = 12$); mean age 54,92; 10 and 11 had F-20 and F-31 diagnosis respectively. The test patients had fewer admissions ($P = 0.027$). No statistical significance was found concerning number of appointments, missed appointments or length of stay, between the groups before or after the patients had started the program.

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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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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 inward 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 diagnose 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 lever 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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EW333

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-