EPV0833

Care pathways for people with major depressive disorder

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Introduction: Major depressive disorder (MDD) is a leading cause of disability worldwide, in part due to its high prevalence and high rates of comorbidities, recurrence, chronicity and treatment-resistance. These indicate that MDD is treated suboptimally despite a multitude of effective interventions and well-regarded best-practice treatment guidelines. To improve the management of MDD, the nature and extent of 'gaps' in care pathways need to be understood.
Objectives: We aimed to: 1. Identify 'treatment gaps' and patient needs along the care pathway, and determine the extent of these gaps (i.e. discrepancy between best- and current-practice). 2. Propose policy recommendation on how minimise treatment gaps for MDD.
Methods: *Care pathway analysis:* A set of relevant treatment gaps were agreed upon, a priori, based on gold-standard stepped-care guidelines. Data was gathered from a variety of sources in six countries (UK, Sweden, Germany, Italy, Portugal, Hungary). *Policy recommendations:* To attain expert consensus on proposed recommendations, a modified-Delphi approach was undertaken with a multidisciplinary panel of experts across Europe.
Results: Taken together, data indicated that: ~50% of episodes are undiagnosed, lifetime delay to treatment averages ~4 years, ~25-50% of patients are treated at any one time, ~30-65% are followed up within 3 months of treatment, ~5-25% can access psychiatric services. 28 specific recommendations to optimise pathways were made to enhance MDD detection (pathway entry), increase multimodal treatment, facilitate continuity of follow-up after treatment and increase access to specialist care.
Conclusions: There are concerning treatment gaps in depression care across Europe, from the proportion of people not being diagnosed to those stagnating in primary care with impairing, persistent illness.

Disclosure: No significant relationships.
Keywords: major depression; care pathways; treatment gaps

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Stereotypes of incompetence in schizophrenia among mental health professionals

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Introduction: Mental health professionals are one of the major sources of stigma for persons with schizophrenia and their families. The stereotype of incompetence is central in this stigmatization, whereas valuing skills is a fundamental aspect of mental health care and recovery.

Objectives: The aim of this study is to identify the domains of competence stigmatized in schizophrenia by mental health professionals and the factors associated with this stigmatization.
Methods: An online survey was conducted with a specific measure of the stereotype of incompetence and these associated factors. Participants were to be mental health professionals who work or have worked with persons with schizophrenia. These participants were recruited through professional social networks.
Results: Responses of 164 participants were analyzed. The results reported four highly stigmatized skill domains: ability to relate well socially, ability to be effective in their work, ability to make decisions about their health, and ability to control their emotions. Intelligence was found to be less stigmatized than the other dimensions. Recovery beliefs, categorical beliefs, and perceived similarities were factors associated with the stereotype of incompetence.
Conclusions: Responses of 164 participants were analyzed. The results reported four highly stigmatized skill domains: ability to relate well socially, ability to be effective in their work, ability to make decisions about their health, and ability to control their emotions. Intelligence was found to be less stigmatized than the other dimensions. Recovery beliefs, categorical beliefs, and perceived similarities were factors associated with the stereotype of incompetence.

Disclosure: No significant relationships.
Keywords: schizophrénia; stigmatization; Incompetence stereotype; mental health professionals

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Assessing the impact of mental health capacity building of Primary Health Care (PHC) personnel

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Introduction: COVID-19 poses an immense challenge to health systems and societies, associated with a burden of mental health in the population. The pandemic is uncovering treatment gaps in mental health systems, especially in Low and Middle-Resource Countries, as Georgia. The high burden calls for renewed efforts to integrate mental health into Primary Health Care (PHC) to address increased mental health needs of the population. The capacity building of PHC personnel is ongoing since October 2020, according to mhGAP algorithm. Family doctors (FD) are trained in identification and management in priority mental conditions.
Objectives: The overall aim of the study was to assess the impact of capacity building of PHC personnel. This was an implementation research seeking to understand how effective was the offered capacity building process and what could be lessons learnt.
Methods: We employed a mixed-methods process evaluation design utilising a series of instruments specifically designed to provide data for the domains as training/capacity building, service delivery and user satisfaction.
Results: FD were able to identify the most prevalent conditions - Anxiety (74%) and Depression (39%); in 22.8% the comorbidity was recognized. The psychoeducation was the most common method of management used by 72%. In 39.4% FD were able to