

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

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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, multi-faceted 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.

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

M. Guerrero Jiménez^{1,*}, J.A. Rodrigo Manzano², C.M. Carrillo de Albornoz Calahorra², B.M. Girela Serrano²

¹ *University Hospital San Cecilio, Psychiatry, Granada, Spain*

² *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.

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

J.H. Jeong^{1,*}, K.H. Lee², D.I. Jon³

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

² *College of Medicine, Dongguk University, Psychiatry, Gyeongju, Republic of Korea*

³ *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