

mentation ($P=.000$). The total proportion of patients admitted (whether informally or detained) also decreased from 63.3% before the 2007 MHA to 52.8% thereafter ($P=.000$).

Conclusion These results show a significant decrease in the rate of detentions under the MHA since the 2007 Act became law.

Keywords Assessment; Detention; England; Admission; Mental Health Act

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

Reference

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EV0662

Admission to in-patient psychiatric care in the Veneto region (Italy), specialisation vs. personal continuity of care approach. Preliminary findings from the COFI study-Italian sites

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Introduction In Italy, considerable variations exist in the organisation of out- and in-patient mental health care. One main issue is whether to prioritise specialisation (distinct clinicians for inpatient and outpatient care) or personal continuity of care (same primary clinician for a given patient within the two settings).

Aims To study the use of psychiatric in-patient units in the Veneto region (Italy) and to evaluate differences between personal continuity of care and specialization systems.

Methods Study conducted in the context of the COFI, multisite naturalistic EU-funded research aiming to compare the two care approaches in 5 European countries. In Italy, baseline data collection was carried out in 14 in-patient units. Data on hospitalisation, diagnosis, severity of the illness (Clinical Global Impression Scale-CGI) and patients' appraisal of inpatient care (Client Assessment of Treatment Scale-CAT) were collected.

Results Overall, 1118 patients were assessed. Most frequent diagnostic categories were mood (41.6%) and psychotic (38.3%) disorders, while anxiety disorders were less represented (11.9%). The majority of patients were at least at their second admission (69.4%) and had been voluntary admitted (91.5%). Length of stay and CGI scores were significantly higher for patients with mood and psychotic disorders. No difference in CGI score between the two systems was found. Patients in the continuity of care systems reported higher level of satisfaction with initial treatment and longer hospital stay ($P<.001$).

Conclusions These preliminary findings suggest higher service satisfaction for personal continuity system, possibly reflecting a more individualised and comprehensive focus on the patient's needs, rather than on symptoms reduction only.

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EV0663

Symposium: Mental health law differences and coercive measures over four countries

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In 2008, the UNHCR issued a convention on the rights of persons with disability. Since then, many countries were visited by the High Commissioner for Human Rights. In a number of countries, for example Germany and the Netherlands, mental health legislation was considered unsatisfactory and either regional variations in procedures or new legislation was drafted. In Germany, the final decision after different admission procedures is always made by a judge. In the Netherlands, detention on mental health ground with involuntary admission is decided by a Governmental administrator working for the local Major. In England and Wales, it is decided by three medical/psychiatric professionals. Currently, the Netherlands is drafting a law following the main principles of the Anglo-Saxon law. In Germany, all federal states are currently adopting their mental health laws to fulfil requirements of the Constitutional Court, which decided that coercive treatment is only admissible under very strict conditions after a judge's decision. Studies show the Dutch legislation is associated with higher seclusion rates, in numbers, and duration. Moreover, recent German findings show in a recent period when involuntary medication was not admissible, inpatient violence and coercive measures increased significantly. In this symposium, we discuss the several laws and regulations of four countries (Wales, Ireland, Germany, Netherlands), now and in the near future. Each presentation of a certain countries' regulations is followed by a description of standard figures of the country, first by an expert in the respective country's law, and consequently by an expert in nationwide or regional figures.

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EV0664

Stigma as an obstacle to paradigm change in mental health care in Lithuania

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The paper is based on the data gathered during implementation of the "Project paradigm change of mental health and Well-being in Lithuania: towards empirically valid model". This project is aimed to contribute to the paradigmatic change by scientific research and evaluation of efficacy of pharmaceutical and psychotherapeutic treatment to psychological and social functioning and to estimate economic burden of treatment and mental diseases. Aim of the research is to analyse stigma as an obstacle for transition from biomedical to bio-psycho-social paradigm. Objectives

are as follows: to evaluate manifestations of stigma in mental health care from the point of view of different experts; to discuss influence of stigma on different levels of mental health care; to identify consequences of stigma to mental health care reform. A qualitative experts' research was implemented in order to reveal professional discourse around stigmatization of mental health and consequences of this phenomenon to mental health care reform. Research data reveal the strong prevalence of stigma on all levels mental health care. Individuals with psychosocial disabilities tend to choose medication instead of psychotherapy. Under influence of stigma, they prefer rapid daily consumption of medication as a substitute to active participation in the process of treatment. Politicians are influenced by stigmatizing attitudes in the society towards individuals with psychosocial disabilities, the persisting pressure to isolate them in closed facilities. Under influence of stigma, the process of reform lingers or obtains a shape reverse to a modern transformation.

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e-Poster viewing: Migration and mental health of immigrants

EV0665

Dissociative amnesia with fugue vs. Shenjing Shuairuo: A clinical case report. Are DSM-5 distress cultural considerations truly transcultural relevant?

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Introduction We present the case report of a 21-year-old Chinese female, who was brought to the emergency department. We open the debate between the operative criteria established by DSM-5 of the clinical entity dissociative amnesia and Shenjing Shuairuo - the Chinese "culture-bound syndrome".

Objectives To expose the relevance of the cultural formulation in the clinical evaluation of patients with a different non-Western culture in Psychiatry.

Aims The Shenjing Shuairuo syndrome ("nervous system weakness") was originally described in China, it has a gradual onset, usually after a stressful event. It involves a minimum 3 of 5 symptoms group: weakness, emotions, excitement, neurological pain and sleep. This complex group of symptoms overlap with dissociative syndrome such as dissociative amnesia.

Methods/results The cultural formulation interview (CFI) was used for the diagnostic and subsequent treatment of dissociative amnesia with fugue in a different culture patient who met the clinical criteria of this two divergent clinic entities.

Conclusions In our clinical practice, we will deal with different culture patients, who could present common clinical entities or with the so-called "culture-bound syndromes". The cultural formulation of the clinical cases will help the clinicians to diagnose and have better treatment's options in clinical manifestations do not correspond to the conventional entities included in mostly Western-based nomenclatures.

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EV0666

Syrian refugees in Canada: Clinical experience in mental health care

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War is the most serious of all threats to health (World Health Organization, 1982) and can have severe and lasting impacts on mental health. Forced displacement and migration generate risks to mental well-being, which can result in psychiatric illness. Yet, the majority of refugees do not develop psychopathology. Rather, they demonstrate resilience in the face of tremendous adversity. The influx of Syrian refugees to Canada poses challenges to the health care system. We will present our experience to date in the Ottawa region, including a multisector collaborative effort to provide settlement and health services to newly arriving refugees from the Middle East and elsewhere. The workshop will be brought to life by engaging with clinical cases and public health scenarios that present real world clinical challenges to the provision of mental health care for refugees.

Objectives (1) Understand the predicament of refugees including risks to mental health, coping strategies and mental health consequences, (2) know the evidence for the emergence of mental illness in refugees and the effectiveness of multi-level interventions, (3) become familiar with published guidelines and gain a working knowledge of assessment and management of psychiatric conditions in refugee populations and cultural idioms of distress. How will the participants receive feedback about their learning? Participants will have direct feedback through answers to questions. The authors welcome subsequent communication by email. Presenters can give attendants handouts on pertinent and concise information linked to the workshop.

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EV0667

Psychoeducation trauma intervention for refugee women survivors of intimate partner violence

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For intimate partner violence survivors, groups are helpful in that they reduce the sense of isolation, which accompanies trauma survivors as well as provides a sense of belongingness. Judith Herman states that survivors of gender-based violence in particular, suffer from the secrecy, shame and stigma that are predictable social consequences of this form of violation. Moreover, intimate partner violence increases when women are isolated from their families, communities and peers. For refugee women, the shame associated with migration trauma, along with having an undocumented status is prevalent and keeps them from seeking services. The psychoeducation 8 session intervention helps this vulnerable population understand the physiological response stress, trauma and post traumatic stress disorder. Once symptoms have been identified, sessions enable women to reduce the symptoms by utilizing methods of self-care. Cultural specific material for Latina undocumented IPV survivors in New York City with integration of breath work, sensorimotor, music and easy movements will be highlighted to demonstrate intervention.

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