

## e-Poster viewing: Mental health policies

EV0658

### Task-shifting in mental health services: Extent, impact and challenges in Ghana

V. Agyapong

University of Alberta, Department of Psychiatry, Edmonton, Canada

**Aim** To examine the role and scope of practice of community mental health workers (CMHWs) as well as the impact and challenges associated with work of CMHWs within Ghana's mental health delivery system.

**Methods** A cross sectional survey of 11 psychiatrists, 29 health policy directors and 164 CMHWs as well as key informant interviews with 3 CMHWs, 5 psychiatrists and 2 health policy directors and three focus group discussions with 21 CMHWs. Results of quantitative data were analysed with SPSS version 20 whilst the results from qualitative data were analysed manually through thematic analysis.

**Results** In addition to duties prescribed in their job descriptions, all the CMHWs identified several jobs that they routinely perform including jobs reserved for higher level cadres such as medication prescribing for which most of the CMHWs have no training. Some CMHWs reported they had considered leaving the mental health profession because of the stigma, risk, lack of opportunities for continuing professional development and career progression as well as poor remuneration. Almost all the stakeholders believed CMHWs in Ghana receive adequate training for the role they are expected to play although many identify some gaps in the training of these mental health workers for the expanded roles they actually play. All the stakeholders expressed concerns about the quality of the care provided by CMHWs.

**Conclusion** The study highlights several important issues, which facilitate or hinder effective task-shifting arrangements from psychiatrists to CMHWs and impact on the quality of care provided by the latter.

**Disclosure of interest** The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.988>

EV0659

### Could promoting happiness mental health policy prevention against suicide?

A. Chaouqi<sup>1,\*</sup>, Y. Alaoui Mamouni<sup>1</sup>, Z. Hammani<sup>2</sup>, M. Yassari<sup>2</sup>

<sup>1</sup> Hôpital militaire Mohamed V, psychiatry, Rabat, Morocco

<sup>2</sup> Hôpital militaire My Ismail, psychiatry, Meknes, Morocco

\* Corresponding author.

What do we know about happiness? What is the essence of happiness? What are the causes of happiness? Is there a difference between individual happiness and collective happiness? Can we measure happiness? Let us see if there is a correlation between suicide and happiness?

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.989>

EV0660

### Fit note use in UK clinical practice 2010–2016: A systematic review of quantitative research

S. Dorrington<sup>1,\*</sup>, E. Roberts<sup>1</sup>, S. Hatch<sup>1</sup>, I. Madan<sup>2</sup>, M. Hotopf<sup>1</sup>

<sup>1</sup> King's College London, Department of Psychological Medicine, London, United Kingdom

<sup>2</sup> King's College London, Occupational Health, London, United Kingdom

\* Corresponding author.

**Background** The fit note, introduced in England, Wales and Scotland in 2010, was designed to radically change the sickness certification process from advising on individuals' inability to work to what they could do if adjustments were made available. Our review aimed to evaluate: (1) the percentage of fit notes utilizing the new "may be fit for work" option or advising on work adjustments, (2) the impact of the fit note on sickness absence and return to work, (3) demographic variation in fit note use.

**Methods** We systematically searched in Embase, Cochrane CENTRAL, Pub Med, Worldcat, Ovid and PsychInfo from 1 Jan 2010–30 Nov 2016 for studies on working aged adults which included the search terms "fit note" or "fitnote". Relevant abstracts were extracted and we assessed the quality of the papers and assessed bias using the modified Newcastle Ottawa Scale.

**Results** Nine papers met the inclusion criteria, four of which were based on the same cohort. Maybe fit notes made up just 6.6% of all fit notes. Work adjustments were most often recommended for patients who were less deprived, female and patients with physical health problems. Fit note advice for patients with physical health problems increased over time, but the opposite was seen for patients with mental health problems.

**Conclusions** Further research needed to evaluate the use, impact and potential of the fit note, especially for patients with mental illness.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.990>

EV0661

### The impact of change in the 2007 English law on mental health act detentions

J. Beezhold<sup>1</sup>, G. Mosa<sup>1</sup>, A. Pandey<sup>1</sup>, S. Pandey<sup>1</sup>, M. Dyer<sup>2</sup>, C. Kitromilidou<sup>2,\*</sup>

<sup>1</sup> Norfolk and Suffolk NHS Foundation Trust, Department of Psychiatry, Norwich, United Kingdom

<sup>2</sup> University of East Anglia, Norwich Medical School, Norwich, United Kingdom

\* Corresponding author.

**Background** The Mental Health Act (MHA) 2007 made some significant changes from the Mental Health Act 1983, including the fact that detention is now only allowed if an appropriate medical treatment is available to the patient at the time [1]. There was considerable concern at the time that the 2007 Act would lead to an increase in detentions.

**Objective** The primary objective is to assess how the change in the English law with the MHA 2007 has affected the number of detentions under the MHA.

**Methods** A retrospective, observational and noninterventive study used anonymised and routinely collected data regarding 11,509 people who were formally assessed under the Mental Health Act during the period of 2001–2011 in the county of Norfolk. This included 7885 assessments before the 2007 MHA and 3620 done after implementation.

**Results** The proportion of people detained following assessment decreased from 53.2% before the 2007 MHA to 42.9% after imple-