

Mental healthcare

EW320

600 Greek people's attitudes towards family hosts for mentally ill persons

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Introduction Family hosts for people with mental diseases is a quite new institution in Greece [1,2].

Objectives The study investigated Greek people's attitudes toward mentally ill people and their institutionalisation

Aims The survey investigated Greek society's attitudes and bias concerning Family Host Programs for the mentally ill.

Methods Questionnaires were administered to a sample of six hundred (600) people in the cities of Patras, Pyrgos and Mesologgi, Southern Greece from May the 27th to June the 12th

Results Of the respondents, 47.3% were men while 52.7% were women. Most citizens were not familiar with the term "Host Family" and were not aware of this new institution (62.7%). However, many knew a person that suffered from mental illness environment (35.7%), but they thought that mentally ill people would be rather a "burden" to foster families (32.2%).

Conclusions Although many people knew well a person with mental illness, they were not aware of psychiatric reforms and community based programs. In conclusion, psycho-educational programs contributing to repel bias towards psychiatric patients should be implemented.

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

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Elderly person's connection of family relations with quality of life and shame in the context primary healthcare

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Objectives The elderly persons continue to invest substantially in emotional relationships.

Aim The overall objective of this research study was to investigate the attitudes of elderly persons towards family relations.

Method One hundred and ninety-seven healthy elderly individuals participated to the present study from different region in Greece. The age range was 66–93 years old. The questionnaire included: (a) the Family Environment Scale (Family Environment Scale, Form R-FES), (b) The Experience of Shame Scale (ESS), (c) the Other As Shamer Scale (OAS), (d) Quality of Life (SF-36).

Results Univariate and multivariate analysis was applied for the statistical analysis of the data, which showed that: the elderly persons who are satisfied with their lives in past, they exhibit lower overall price external shame feelings of emptiness (empty – OAS) ($P = .002$), they perceived reaction of others when they make mistakes (Mistakes – OAS) ($P = .000$), conflict (Conflict – [Form R-FES]) ($P = .000$). Elderly persons who are satisfied with their life in this time show higher levels of orientation towards active recreational activity (Active-Recreational Orientation – R-FES) ($P = .000$). Elderly persons who declared that family relation is important for them exhibit lower levels of feeling vacuum (empty – OAS) ($P = .009$), and higher levels of orientation for achievements (Achievement Orientation) (R-FES) ($P = .010$), social role (SF – SF36) ($P = .000$), Mental Health summary Scale (SF.MCS-SF36) ($P = .000$).

Conclusion From the findings of this study, it is apparent how important is the study of the quality of life in old age.

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Patients with anxiety disorders: Pathways of care and their outcomes in Germany – A secondary data analysis

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Introduction Anxiety disorders are among the most common mental disorders in Germany. Different sectors and disciplines participate in mental healthcare of these patients, but there is a lack of empirical evidence of the treatment outcomes in different settings.

Objectives The study focuses on analyzing the care pathways of patients with anxiety disorders and the effects of such pathways on critical events like sick leave, early retirement and mortality.

Aims The analysis aims at developing recommendations for optimizing treatment with a view to minimize the rate of occurrence of critical events during the care pathway.

Methods Secondary data of three statutory health insurance companies and of the German Pension Funds of the years 2005–2007. The analyses are based on 744,742 persons with at least one diagnosis of an anxiety disorder.

Results The analyses reveal a low rate of changes between primary and specialized care. There was a high number of care pathways ($n = 2.608$). The most common type was care by primary care physicians/somatic specialists only (60.5% of patients), followed by a treatment by a psychiatrist only (9.5%). Patients, who were only treated by general practitioners/somatic specialists, had significantly lower rates of sick leave and early retirement. This may indicate that cases with more favourable prognoses are found with this care pathway.

Conclusions Analyses of care pathways using secondary data can contribute to identify potential for optimizing mental health care services and provide information about intersectoral interface problems, which should be considered in the quality management of mental healthcare.

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