## P01-512

REORGANIZATION BASED ON PATIENT FOCUSED CARE PROGRAMS, IN THE CONTEXT OF MENTAL HEALTH SERVICES REFORM: EFFECTS ON PATIENTS J.-P. Bonin<sup>1</sup>, M. Lavoie-Tremblay<sup>2</sup>, A. Lesage<sup>3</sup>, P. Miquelon<sup>4</sup>, C. Briand<sup>5</sup>

<sup>1</sup>Fernand Seguin Research Centre, University of Montreal, <sup>2</sup>Nursing School of Nursing, McGill University, <sup>3</sup>Psychiatry, University of Alberta Montreal, <sup>4</sup>Psychology, Université du Quebec a Trois-Rivieres, <sup>5</sup>Occupational Therapy, University of Montreal, Montreal, QC, Canada

Background: WHO (2001) suggested that the population should get easier and faster access to services improvements in the management of mental disorders in primary health care. In this context, the Government of Quebec (Canada) published in 2005 a Mental Health Action Plan, based on an organization into a hierarchy and some hospitals began to reorganize their mental health services into patient focused care programs.

Aims of the study: The presentation will focus on the effects on outpatients (N=290) who were receiving mental health services from two hospitals in Montreal.

Methods: As part of a broader study on mental health services and patient outcomes, mental health services' patients from a psychiatric hospital and a general university hospital in Montreal, were recruited to complete the Basis24, Euroqol, SF12 and other scales. A standard recruitment protocol was followed. All incoming patients at the outpatient clinics/programs during a typical week were considered eligible. This procedure was done before the reorganization of services, in 2006 (T1), and after the reorganization of services (T2; 2 years later), in 2008. We used T-test to assess the difference of a six-month evolution between the two-time measures.

Results: Respectively, 1057 (T1) and 557 (T2) participated to the project. Generally patients showed no significative differences between the two times in their symptoms, functioning and QOL. Only some marginal aspects changes in one site or another.

Conclusion: Patients were not very disturbed by changes and the new program were not fully implemented two years after T1.