Conclusions Results suggest that domiciliary care may reduce costs associated with mental health care due to a decrease in admission rates. Our sample was paired to a similar group, which can account for the similar length of stay in both groups. Further studies should take into account other confounding variables.
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EW330

Partial psychiatric hospitalization and differences in clinical outcome

J. Vázquez Bourgon[1,*], F. Hoyuela Zatón[1], E. Gómez-Ruiz[1], E. Cortazar Lopez[1], B. Agüeros Perez[1], J. Cuetara Caso[1], M.J. Gutierrez Ajenjo[1], C. Alvaredo Rodriguez[1], P. Rodríguez-Rodríguez[2], P. Pelayo Reventún[3], B. Crespo-Facorro[1]
[1] *University Hospital Marqués de Valdecilla-IDIVAL, CIBERSAM, Psychiatry, Santander, Spain*
[2] *Centro Hospitalario Benito Menni, Psychiatry, Santander, Spain*
[3] *General University Hospital Alicante, Psychiatry, Alicante, Spain*
[*] *Corresponding author.*

Introduction Intensive treatment in partial hospitalization unit may represent an efficient alternative to traditional inward hospitalization. However, there is evidence suggesting that this clinical resource may not be equally effective for every psychiatric disorder.
Objectives We aimed to study possible differences in the effectiveness of treatment in a partial hospitalization regime for different psychiatric disorders.
Methods Three hundred and thirty-one patients were admitted to the Valdecilla acute psychiatric day hospital between January 2013 and January 2015. Clinical severity was assessed using BPRS-E and HoNOS scales at admission and discharge. Other relevant clinical and socio-demographic variables were recorded. For statistical comparisons, patients were clustered into 4 wide diagnostic groups (non-affective psychosis; bipolar disorder; depressive disorder; personality disorder).
Results We observed a significant difference in the status of discharge ($\chi^2 = 12.227$; $P = 0.007$). Thus, depressive patients were more frequently discharged because of clinical improvement, while patients with a main diagnose of personality disorder abandoned the treatment more frequently (23% vs. 4,0%)
When analysing the clinical outcome at discharge, we found that patients with a diagnosis of bipolar disorder showed greater improvement in BPRS ($F = 5.305$; $P = 0.001$) than those diagnosed of psychosis or depressive disorder. Interestingly, we found no significant differences between diagnoses in hospital re-admission in the following 6 months after being discharged.
Conclusions Our results suggest that acute treatment in partial hospitalization regime may be more effective for bipolar and depressive disorder, and particularly less effective for those patients with a personality disorder.
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Mental health policies

EW331

Task-shifting within health care systems – a general review of the literature and implications for mental healthcare

V. Agyapong
University of Alberta, Department of Psychiaty, Fort McMurray, Canada

Background There have been a growing interest in the effectiveness of task-shifting as a strategy for targeting expanding health care demands in settings with shortages of qualified health personnel.
Aims To explore the reasons for task-shifting and the healthcare settings in which task-shifting are successfully applied as well as the challenges associated with task shifting.
Methods Literature searches were conducted on PubMed and Google Scholar using the search term – 'Task shifting' and Task-shifting'.
Results Reasons for task-shifting including: a reduction in the time needed to scale up the health workforce, improving the skill mix of teams, lowering the costs for training and remuneration, supporting the retention of existing cadres by reducing burnout from inefficient care processes and mitigating a health system's dependence on highly skilled individuals for specific services. Clinical settings in which task-shifting models of care have been successfully implemented, include: HIV/AIDS care, epilepsy and tuberculosis care, hypertension and diabetes care and mental healthcare. Finally, challenges which hinder the successful implementation of task-shifting models of care, include professional and institutional resistance, concern about the quality of care provided by lower lever health cadres and lack of regulatory and policy frameworks as well as funding to support task-shifting programmes.
Conclusion The review brings to light important health policy and research priorities which can be explored to identify the feasibility of using task-shifting models of care to address the critical shortage of health personnel in managing emerging communicable and non-communicable diseases, including opportunities for expanding mental health care in conflict and under-resourced regions globally.
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EW333

Overview of psychiatry in Poland, 2000–2015

A. Kiejna[*], P. Piotrowski, T.M. Gondek
Wroclaw Medical University, Department of Psychiatry, Wroclaw, Poland
[*] *Corresponding author.*

At the beginning of the 21st century, psychiatry in Poland was functioning in the model based mostly on the network of large institutions localised outside of the main city centres. Due to Poland's accession to the European Union, it was necessary to change the mental health care system. This need was legally sanctioned when the Law on Protection of Mental Health was passed in 1994. The solutions were included in the National Programme on Mental Health Care (NPOZP). NPOZP comprised the guidelines on the mental health care system shift to community-based health services, including a roadmap for its implementation in 2011–2015. According to the evaluation of the NPOZP, including the infor-