

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**

[1] The National Archives. Mental Health Act 2007: explanatory notes; 2007 [Available from: <http://www.legislation.gov.uk/ukpga/2007/12/pdfs/ukpgaen.20070012.en.pdf>, Online, accessed 14th December 2016].

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.991>

## 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

E. Miglietta<sup>1,\*</sup>, A. Lasalvia<sup>1</sup>, P. Sara<sup>1</sup>, G. Zanatta<sup>1</sup>, S. Zoppei<sup>1</sup>, G. Dimitri<sup>1</sup>, C. Comacchio<sup>1</sup>, D. Cristofalo<sup>1</sup>, C. Bonetto<sup>1</sup>, D. Giacco<sup>2</sup>, S. Priebe<sup>2</sup>, M. Ruggeri<sup>1</sup>

<sup>1</sup> University of Verona, Department of Neurosciences, Biomedicine and Movement Sciences, Section of Psychiatry, Verona, Italy

<sup>2</sup> Queen Mary University of London, Unit for Social and Community Psychiatry, London, United Kingdom

\* Corresponding author.

**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.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.992>

## EV0663

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

E. Noorthoorn<sup>1,\*</sup>, P. Lepping (Consultant Psychiatrist)<sup>2,3</sup>, T. Steinert<sup>4</sup>, E. Flammer<sup>5</sup>, B. Massood<sup>6</sup>, N. Mulder<sup>7</sup>

<sup>1</sup> GGnet, Research and training, Zutphen, The Netherlands

<sup>2</sup> Bangor University and Mysore Medical College and Research Institute, India

<sup>3</sup> Betsi Cadwaladr University Health Board, Centre for Mental Health and Society, Technology Park, Croesnewydd Road-Wrexham LL13 7TP-Wales, Division of Mental Health and Learning Disabilities, Wrexham, Wales, United Kingdom

<sup>4</sup> ZfP Weissenau, Regionale Geschäftsbereichsleitung, Klinik für Psychiatrie und Psychotherapie Weissenau, Weissenau, Germany

<sup>5</sup> Klinik für Psychiatrie und Psychotherapie Weissenau, Forschung, Weissenau, Germany

<sup>6</sup> Betsi Cadwaladr University Health Board, Division of Mental Health and Learning Disabilities, Wrexham, Wales, United Kingdom

<sup>7</sup> Erasmus Medisch Centrum, Psychiatrie, Rotterdam, The Netherlands

\* Corresponding author.

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.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.993>

## EV0664

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

E. Sumskiene (Social Work)

Vilnius University, Vilnius, Lithuania

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