

first period in Italy. They are given hospitality until the possibility of their permanence is verified. We created a survey asking for general information. Participants also received PTSD Checklist (PCL-C). In our analysis, we adopted 45 as cut-off for diagnosis. Questionnaires have been delivered house-to-house and collected when completed.

Results In this pilot study, we collected 61 questionnaires. The majority of answers came from male subjects (46). The prevalence of PTSD was 44% (47% among men and 53% among women, not statistically different).

Conclusions So high rate of PTSD depicts a reality that cannot be left apart. Our attention toward immigrants must focus also on their mental health. European Union should consider new solutions to take care of these critical aspects of those.

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EV0683

The impact of EU political ambiguity towards migrant crisis on the mental health of migrants

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For last couple of years, EU is facing migrant crisis that is challenging its capacity to help and its unity to decide the modes of assistance. Such political context brings additional uncertainty and insecurity into migrants' lives which causes extreme experiences that are often damaging migrants' mental health. In humanitarian plans regarding assistance for migrants, mental health is a cross cutting issue. Status of mental health is a result of complex intertwining of genetics, developmental and current life experiences. The experience of migration is a current life event which highly determines migrants' mental health. Hardships of travel along migration route are worsened by often hostile reception by authorities at borders of countries that are on the way to desired rich EU countries. On migrants' way to desired safety, there are countries like Slovenia and Hungary which protect their borders with wire. Therefore, migrants are stuck in countries, like Greece and Croatia, which are not their desirable destination. While waiting to get free passage, migrants are exposed to various political rhetoric of politicians of EU countries who hold their destiny in their hands. Migration experience does not make migrants mentally ill but it does make them vulnerable in that respect. Migrants' vulnerability is highly challenged by ambiguity of political decisions, media coverage influenced by the same policies and concomitant changes in immediate surrounding. It is crucial to make publicly clear that political decisions mean life or death, health or mental disorder to migrants and that therefore they at least carry ethical responsibility.

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EV0684

Mental health paraprofessional training for filipina foreign domestic workers in Singapore: Feasibility and effects on knowledge about depression and cognitive behavioral therapy skills

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Introduction Approximately one in every five Singaporean households employs Foreign Domestic Workers (FDWs) (Humanitarian Organization for Migration Economics [Home], 2015). Mental health problems, especially depression, are prevalent among FDWs in Singapore (HOME, 2015). Yet, there is a lack of empirically-supported interventions to address their mental health needs.

Objective To train FDWs as mental health paraprofessionals with selected CBT skills for depression, which may enable them to provide basic assistance to their fellow domestic workers with depressive symptoms.

Aims To present and assess the effectiveness and acceptability of a 4 weekly 3-hour group CBT-based paraprofessional training program for FDWs.

Methods Participants were randomized into either an intervention or a wait-list control group. Participants in the wait-list group received the training after the intervention group completed the training. Both groups completed questionnaires assessing attitudes towards seeking psychological help; stigma towards people with depression; self-confidence in delivering CBT; general self-efficacy; knowledge of depression and CBT before, immediately after, and two months following the training.

Results Thirty-eight out of 40 participants completed the program. Both groups did not differ on changes in any of the outcome variables. However, within-group analyses showed improved attitudes towards seeking professional health for mental health issues; greater depression literacy; and CBT knowledge following the training. These changes were sustained at 2-month follow-up. All participants indicated high level of satisfaction with the program.

Conclusions These preliminary results highlight the potential effectiveness and feasibility of implementing the training as a stepped-care mental health service to address the high rate of depression among the FDW community.

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EV0685

Identity, culture and psychosis:

A non-systematic review

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Introduction Given the results of multiple epidemiological studies showing a greater incidence of schizophrenia in migrants, especially in second-generation migrants, many researchers tried to investigate which factors could be associated to these findings, in order to have a better understanding of the migration process itself and simultaneously to contribute to improve knowledge about schizophrenia. In line with the research suggesting that social factors are important contributors to psychological suffering and vulnerability to psychosis, several authors pointed cultural identity as a possible mediator between migration and psychosis.

Objectives To review different perspectives on the current literature about the relationship between cultural identity and psychosis.

Methods Non-systematic review searching on the database MEDLINE and additional searches through secondary references.

Results Concepts like identity clarity and identity value attributions are closely related to psychological well-being and may influence vulnerability or resilience to severe mental illness. Simultaneously, these concepts are also regarded as closely linked to social and cultural identity. Feelings of uncertainty between multiple existential positions that may arise for migrants (especially if hierarchical and unequal relationships of power are established) could compromise the sense of meaning and coherence of the self and compromise identity structure, thereby predisposing to psychotic experiences.

Conclusions Even taking into account the heterogeneity of the reviewed articles, there seems to be some consensus regarding the importance of culture on how individuals experience themselves and others and that preservation of a solid and coherent cultural identity may be a crucial aspect to take into account when studying resilience against severe mental diseases.

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e-Poster viewing: Neuroimaging

EV0686

Major depressive disorder comorbid severe hydrocephalus due to Arnold Chiari malformation in an apathetic patient

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Objective Arnold Chiari Malformation (ACM) is a disorder of embryologic development that is characterized of herniation of the cerebellar structures through the foramen magnum by four types. ACM type 1 (ACM 1) consists in cerebellar tonsil herniation, which is sometimes associated with other abnormalities, including syringohydromyelia, hydrocephalus and skull base alterations. To date, five cases of psychiatric disorders comorbid with ACM-I have been reported. We here present an apathetic patient have delayed diagnosis ACM-I and severe hydrocephalus and comorbid major depressive disorder.

Case A 36-year-old, male patient who is married and two children, was admitted to hospital with don't want to make anything, despondency, thoughts of have an incompetency, uselessness and want to death, tiredness, weakness complaints which are increased day by day last 2 months. He was diagnosed with major depression after the psychiatric evaluation and hospitalised. He has unwillingness, tiredness and headache complaints which are started when he was 20 years old and he used antidepressant, anxiolytic, and low dose antipsychotic drugs under psychiatrist control at this years. In radiologic evaluation, Arnold Chiari type 1 and severe hydrocephalus was detected in brain magnetic resonance imaging.

Discussion ACM 1 is related to hydrocephalus as a result of posterior fossa hypoplasia and causes spinal injury by obstruction to cerebrospinal fluid (CSF) flow at the foramen magnum. Apathy is a common yet often overlooked symptom in hydrocephalus. This symptom may be a significant obstacle for cognition and quality of life and is associated with increased level of depression.

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EV0687

Perfusion SPECT in the differential diagnosis of dementia

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Dementia is a syndrome—usually of a chronic or progressive nature—in which there is deterioration in cognitive function beyond what might be expected from normal ageing (WHO). As the world population ages, the number of people afflicted with dementing illnesses will increase. This neurodegenerative disease is one of the major causes of disability and dependency among older people worldwide. Brain single-photon emission computed tomography (SPECT) allows the study of regional cerebral blood flow, providing functional information. Each of the different types of dementia has a distinct blood flow pattern that is revealed with SPECT imaging and which can be used for differential diagnoses. This imaging technique can also be used to differentiate dementia from pseudodementia. The use of SPECT has been recommended in various guidelines to help in differential diagnosis of dementia. The National Institute for Health and Clinical Excellence in the UK recommend the use of SPECT or positron emission tomography (PET) to help differentiate Alzheimer's disease (AD) from frontotemporal dementia and vascular dementia when there is diagnostic doubt (NICE, 2006). The European Federation of the Neurological Societies guidelines for diagnosis also supports the use of FDG-PET (18F fluorodeoxyglucose positron emission tomography) or perfusion SPECT when clarifying a diagnosis of AD. This review describes the utility of perfusion SPECT in differential diagnosis of neurodegenerative dementias.

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EV0688

Examining the clinical utility of neuroimaging on an inpatient psychiatric unit

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Introduction Recent developments in neuroimaging have revolutionized medicine and aided in our understanding of how biological abnormalities may contribute to clinical presentation. While such advances have begun to enhance our knowledge about the timing of abnormalities, it remains unclear at this time how neuroimaging impacts the clinical course of the patient. In addition, much debate exists regarding the clinical necessity of neuroimaging for psychiatric conditions, and there are contradictory reports and guidelines for the application of conventional brain imaging (MRI and CT) in the evaluation of patients with mental illness.

Objective We aim to review the clinical utility of neuroimaging in an acute psychiatric setting, and hypothesize that there will be no significant differences between the outcome of neuroimaging and clinical course for patients.

Method We conducted a retrospective chart review of adult patients who were diagnosed and treated for psychiatric conditions on an inpatient psychiatric service over a period of 36 months July 1, 2013–June 30, 2016.

Conclusions While imaging advances have added to our understanding of biological abnormalities and can aid in ruling out organic causes of psychiatric illness, at this time it is not guiding clinical management for patients.