

EW406

The effect of psychoeducation on anger management and problem solving skills of the patients with post-traumatic stress disorder

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This study was conducted as pre-test and post-test experimental design with the control group in order to identify the effect of psychoeducation on anger management and problem solving skills of the patients with post-traumatic stress disorder. This study was carried out in Gülhane Military Medical Academy, the department of Military Psychology and Battle Psychiatry between May 2012 and May 2013. The study sample included 22 control and 22 intervention group patients with PTSD who admitted to participate in the study and who were asked to receive the drug treatment by staying in the clinic. Psychoeducation was only performed on the intervention group. In the collection of research data, "Sociodemographical Information Form", "Trait-Trait Anger Expression Inventory", "Problem Solving Inventory" and "The Impact of Event Scale" were used. Data were assessed by Repeated Measures Variance Analysis via SPSS (15.0). Problem solving skills of the patients who had high-school and up to the level of high-school education were identified to be more insufficient than the ones having undergraduate and graduate educations. Before receiving psychoeducation, it was identified that the levels of trait anger of the patients were high, and that they perceived themselves as mild insufficient individuals in problem solving skills. It was identified that trait anger increased the anger control and problem-solving skills while it decreased inward and outward anger levels in the intervention group of psychoeducation. As a consequence, it has been recommended that the continuity of psychoeducations the psychiatry nurses applied have been provide in psychiatry clinic. *Disclosure of interest* The authors have not supplied their declaration of competing interest.

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EW407

Post-traumatic stress disorder: Women – Ecuador

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Objectives To determine the incidence of traumatic events in Ecuadorian women exposed to domestic violence and other complex social situations and their relationship with PTSD.

Methods We applied a transversal descriptive study accomplished by the INEC (National Institute of Statistics and Census). The INEC recruited Ecuadorian women from 15 years old and more, the surveys were focused on this population. In total, 18,800 rural and urban housings were selected all over the country, 24 provinces. Date of the survey: November 16–December 15 of 2011. A, D and G were taken as references for guidelines following the criteria diagnosis of DSM V (Diagnostic and Statistical Manual of Mental Disorders) to determine a Traumatic Event.

Results The average age of the sample was 28 years old. The standard deviation was 21, ages: 15–25 years old: 14.265 (21.6%), 25–35 years old: 9.324 (14.1%), 35–45 years old: 8.132 (12.3%), 45–55 years old: 6.283 (9.5%), 55–65 years old: 4.302 (6.5%), > 65 years old: 23.745 (35.9%). Prevalence of the traumatic event (DSM-V) 4.6%. Women experienced any kind of violence 60.6%: 61.4%

urban, 58.8% rural. Types of abuse: psychological: 53.9%, physical: 38.0%; sexual, patrimonial: 35.3%. Domestic violence 76.0% y other types of violence 24.0%.

Conclusion Domestic violence rate is high, also, in this study, we determined that women face an important index of violence during their daily activities. Psychological abuse is the highest abuse, higher in the urban areas. These results based on acute traumatic events may predispose women to develop PTSD. The prevalence of traumatic events must be an alert to the Mental Health Organizations, not only in Ecuador but also in Latin American.

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Prevention of mental disorders

EW408

Psychotic experiences, alcohol–cannabis abuse, stressful events and familial risk is associated with onset of clinical psychosis: Evidence from a 6-year longitudinal population-based cohort

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Introduction Both clinical and subclinical psychosis is probably a consequence of underlying genetic and environmental interactions.

Objectives Defining differential impact of environmental/familial risk factors and psychotic experiences across the onset of clinical psychosis.

Aims To assess mental health outcomes in a 6-year follow-up of a representative general population sample with a special focus on extended psychosis phenotype.

Methods Addresses were contacted in multistage clustered area probability sampling frame covering 9 districts and 302 neighbourhoods (n : 4011) at baseline (T_1) and 6 years after (n : 2142) (T_2). Psychotic experiences were screened with Composite International Diagnostic Interview and probable cases were re-interviewed with SCID-I. Relations were tested using logistic regression models.

Results Of subclinical psychotic symptoms at baseline, 6.4% transitioned to clinical psychosis; 44.4% persisted, 90.2% transitioned to any DSM disorder. Of newly onset clinical psychosis at T_2 , 62.8% had subclinical psychotic expressions at baseline. The risk of developing clinical psychosis was greater in those with baseline subclinical psychotic experiences, alcohol–cannabis abuse, stressful-forensic event history and family history of mental disorders. Most of risk factors associated with psychosis proneness at T_1 were also associated with clinical psychotic outcome at T_2 (Table 1).

Conclusions Psychotic experiences takes attention for the risk to develop psychosis due to underlying genetic and environmental interactions; also may be an important risk factor to develop any mental disorder.

Table 1 Associations between independent variables and newly onset clinical psychosis at T₂.

	OR	%95 CI	p	OR*	%95 CI	p
No subclinical psychotic expression at T ₁	ref			ref		
Low impact PS at T ₁	12.3	(4.3-34.8)	<.001	11.2	(3.7-34.0)	<.001
High impact PS at T ₁	34.3	(11.5-101.8)	<.001	32.5	(9.9-106.4)	<.001
No mental disorder in 1st degree relative	ref			ref		
Plausible psychosis in 1st degree relative	10.0	(3.2-30.6)	<.001	12.0	(3.8-37.7)	<.001
No alcohol abuse at T ₁ or T ₂	ref			ref		
Alcohol abuse T ₁ (-), T ₂ (+)	3.3	(1.4-7.7)	<.01	4.8	(1.8-12.6)	<.01
No cannabis use at T ₂	ref			ref		
Cannabis use ≥ 3 times per week	39.5	(3.4-452.6)	<.01	37.7	(2.9-493.6)	<.01
Number of stressful life events	β = 7.82	(0.01-0.02)	<.001	β* = 7.75	(0.01-0.02)	<.001

* Adjusted for age, sex, education level and health insurance status.

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EW410

Early detection and treatment of mental illness in the workplace – an intervention study

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Introduction Conditions of depression and anxiety among employees' leads to increased absenteeism and decreased social and professional function.

Objectives To test a collaborative model for contributing to mental health at work at the lowest interference and highest possible availability among Danish workers.

Aims To investigate the effect of early detection and treatment in order to interrupt and improve conditions of clinical and sub-clinical levels of mental illness.

Methods Self-reporting questionnaires were used for identification of clinical and sub-clinical cases of mental illness and for follow-up. Four questionnaires were distributed to all employees in six medium-large companies in Denmark (n = 1292) during a period of 16 months. Employees meeting the screening criteria were assessed diagnostically. Outpatient psychiatric treatment was offered to employees diagnosed with mental illness and preventive CBT-session to those assessed with sub-clinical conditions. Follow-up questionnaires were filled out after 6 and 12 months. Data were analysed using repeated measure mixed effects linear regression.

Results Of the 587 (55%) employees that returned the questionnaires, 58 were referred to either outpatient psychiatric treatment (n = 38) or preventive treatment (n = 20). Levels of psychopathology decreased significantly in both treated groups. Comparing with the

pre-treatment period, a significant positive difference in change in psychopathology was detected for employees in psychiatric treatment. Measured up to healthy controls, the self-perceived level of stress also decreased significantly among employees in psychiatric treatment.

Conclusions An integrated collaborative model for early detection and treatment was beneficial in order to interrupt and improve the course of mental health problems among Danish employees.

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

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Promotion of mental health

EW411

Health-seeking attitudes and existing support services for psychiatric trainees

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Introduction Concern for medical doctors' health has been widely recognized over the past ten years. EFPT is aware of the heterogeneity of support set up for doctors in distress, recognizing the need for further cross-Europe research.

Aims The EFPT "HELP Project" was designed to investigate psychiatry trainees' perceptions of and attitudes towards health seeking at a Europe-wide scale. Furthermore, it aims to determine what services are available in Europe specifically to support physicians' health.

Methods Multinational, cross-sectional survey conducted in 14 European countries between 2013 and 2014. Data collection was accomplished by an anonymous online or hard copy questionnaire. Completion implied consent to participate. Data was analysed using SPSS v20.0.

Results Of the respondent trainees, 57.7% were from developed economies; 46.2% under 30 years; 26.9% males. Ninety-eight per cent said they would have surgery in the public sector, versus 42.3% who agree to get treatment there for an eating disorder, depression (28.8%) or addiction (17.3%). Trainees from developing economies were significantly less confident in using public sector help for mental health difficulties. When asked for advice regarding the same problems in their fellow trainees, they said they would recommend public sector help. Specific services for doctors exist in the UK, Spain, The Netherlands and Switzerland, but most trainees said there were no services locally.

Conclusion The EFPT believes specialised physician health services are needed to ensure doctors seek help when necessary, while avoiding feeling stigmatised or punished in doing so. The authors plan to create a 'survival guide' for European trainees in distress, with collated information about local services for doctors.

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