

Aims and method To show positive trends and practices in BH as well as obstacles in some fields of the reform.

Results For the last six years are made positive national mental health policies, established case management model in work with people with severe mental disorders, broad spectrum of services recognized by health insurance (validation of the work for all team members), user initiatives (organization), active role of primary mental health care, reduction of hospitalization, etc. On the other way, yet are not established protected housing, early interventions services and universal methodology or team structure in all CMHC.

Conclusions Community based mental health care shown as a good choice in the reform of the mental health in BH, confirming positive results from other countries. That is a reason to continue with improvements based on daily practices of the teams in CMHC.

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

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Access to mental health services among internally displaced persons in Ukraine: Results from a nationwide survey

B. Roberts^{1,*}, N. Makhshvili², J. Javakhishvili²

¹ London School of Hygiene and Tropical Medicine, Health Services, London, United Kingdom

² Global Initiative on Psychiatry, Tbilisi, Mental Health, Tbilisi, Georgia

* Corresponding author.

Background There are an estimated 1.4 million internally displaced persons (IDPs) in Ukraine as a result of the armed conflict in Ukraine.

Objectives (i) Measure the burden of key mental disorders (PTSD, depression and anxiety); (ii) examine rates of utilization of health and psychosocial support services; (iii) examine the patterns of utilisation of services.

Methods The study used a cross-sectional survey design and was conducted throughout Ukraine between March and May 2016 with 2203 IDPs aged 18 years and over. Time-location sampling was chosen as a probabilistic sampling method. Outcome measures were the PCL-5 for PTSD, the PHQ-9 for depression and the GAD-7 for anxiety. Descriptive and multivariate regression analyses were used.

Results Of the 2203 respondents, 703 reported experiencing a mental health or emotional problem over the previous 12 months and were also screened positive with PTSD, depression or anxiety. Of these 703, 180 had sought care (with sources of care to be given in the presentation). Therefore, 523 respondents did not seek care, equating to an overall treatment gap of 74%, (74% for PTSD, 71% for depression and 70% for anxiety). Key reasons for not utilising treatment included preferring to use their own medications ($n = 176$); unaffordability of health services ($n = 118$) or medications ($n = 140$); poor understanding by health care providers ($n = 123$); poor quality of services ($n = 78$) and stigma/embarrassment ($n = 41$).

Conclusions The findings support the need for a scaled-up, comprehensive and trauma informed response to provision of the mental health care of IDPs in Ukraine.

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

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Taking care of people suffering from neuropsychiatric illness living at home

T.M. Sæterstrand

Sykepleie og helsefa, Nursing and Health, Bodø, Norway

Content background People suffering from neuropsychiatric illness are often in need of caring and nursing over a long period of time. Research shows that patients suffering from such illness do not very often get enough care in practice.

Aim To gain knowledge about nurses experiences from taking care of older people living at home and suffering from chronic and neuropsychiatric illness.

Method Qualitative analysis: fieldwork and qualitative interviews with 11 nurses who worked in four units in two different municipalities in Norway.

Results Challenges in clinical nursing explain the process nurses work in when they take care of people with neuropsychiatric illnesses living at home. This is caring for patients, taking care of family members, managing complex patient situations and the need for coaching and cooperation.

Conclusion To gain a good cooperation with other health personnel to strengthen the competence is important, especially when the goal is caring. Nurses with education in neuropsychiatric care can strengthen the competence maybe and reach a better patient care. The organization of the community health system needs to be studied.

Keywords Home care; Nursing; Elderly; Neuropsychiatric illness

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Linguistic validation of a battery for measurement of affirming attitudes about mental illness

B. Saguem*, A. Ben Romdhane, B. Ben Hadji Ali

CHU Farhat Hached, Psychiatry, Sousse, Tunisia

* Corresponding author.

Introduction Stigma restrains the life opportunities of individuals with serious mental illness. This study aimed at performing a linguistic validation of a battery for measurement of affirming attitudes; a battery that might be used to test the impact of anti-stigma and socially inclusive programs.

Methods Three measures were considered: the Recovery Scale, Empowerment Scale and Self-Determination Scale. Two native Arabic speakers, bilingual in English, independently translated the original measures into Arabic. A collaborative pooled version of the questionnaires was then obtained from the two translations. The pooled version was back-translated into English by a professional translator. A draft Arabic version of the battery was obtained from the comparison between the original questionnaires and the back-translation and was tested on 30 Arabic-speaking medical students. We also discussed the existence of other wording that enables the meaning of statements to be expressed clearly.

Results The test of the different items allowed the detection of three typing errors. It also highlighted mistranslating two terms to one term that does not distinguish between them in term of the meaning: "Goal" and "Purpose". Comments were reported on the wording of certain items in the questionnaire. These comments referred to the problems related to the grammatical and syntactical construction of certain expressions. The translation from English into Tunisian dialect is different from our dialect.